



St. Joseph Regional School's Pre-K - 6th Birthday Treats Order Form

Student's Name _____ Date of Party _____
Contact Person _____ Phone# _____
Teacher/Grade _____ Amount due\$ _____

- *All necessary paper products are included.*
- *All food is Peanut Free.*
- *Please notify your child's teacher that a birthday treat will be coming.*
- *A four-day notice is appreciated for all orders. Thank you!*

Chocolate Chip Cookies \$.35 each

Quantity _____

Frosted Sugar Cookie \$.35 each

Quantity _____

Cupcakes (white, decorated) \$.65 each

Quantity _____

Frosting: White _____ Chocolate _____

Skippy Cup or Scribblers \$.50 each

Quantity _____ (Vanilla, Choc, Strawberry, Cotton Candy)

Milk: Skim:

Quantity ___ FF White ___ FF Chocolate ___ \$.65 each

Juice (100% Fruit) Quantity ___ \$.50 each Orange ___ Apple ___ Fruit

Punch ___ Grape ___

All checks made payable to "NDHS Lunch program"

Please call Shannon Plath, NDHS Food Service Manager, (585)343-2783 x116 with questions.