Classroom Celebrations

Order Form

*We are here to help you celebrate any occasion in your child’s classroom in a safe way.*

* Select celebration treat(s) from the list below.
* Treat(s) will be distributed to the class as they walk through the serving line.
* Submit the order form and payment to the Cafeteria Manager preferably ***three (3) weeks before day of event.***
* **Cafeteria manager**: Julie Crawford **emai**l: julie.crawford@cobbk12.org

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| --- | --- | --- | --- |
| **Item** | **Price Per Item** | **Flavor Choice(s)** | **Number of Treats Needed** |
| **Fresh Baked Cookies**  *\*Cookies are produced in a nut free facility* | $0.70 | Chocolate Chip *– dairy, soy, egg, wheat*  Double Chocolate Chip *– dairy, soy, egg, wheat*  Sugar *- dairy, egg, wheat* |  |
| **Frosted Cookies**  *Wheat, soy, eggs, milk*  *\*Cookies are produced in a nut free facility* | $1.25 | Birthday Frosted |  |
| **Rice Krispies Treat**  **Traditional, Chocolate Chip**  *dairy, soy, soybean oil* | $1.50 |  |  |
| **Fresh Baked Brownies**  *egg, soy, wheat* | $1.50 |  |  |
| **Novelty Ice Cream** | $1.90 | Contact the FNS Manager for available option and allergens |  |
| **Switch Sparkling 100% Juice** | $2.00 | Assorted Flavors |  |

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of celebration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment (Circle one): Child’s Lunch Account Check

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cafeteria Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*