

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 **email:** julie.crawford@cobbk12.org

Item	Price Per Item	Flavor Choice(s)	Number of Treats Needed
Fresh Baked Cookies <i>*Cookies are produced in a nut free facility</i>	\$0.70	Chocolate Chip – <i>dairy, soy, egg, wheat</i> Double Chocolate Chip – <i>dairy, soy, egg, wheat</i> Sugar - <i>dairy, egg, wheat</i>	
Frosted Cookies <i>Wheat, soy, eggs, milk</i> <i>*Cookies are produced in a nut free facility</i>	\$1.50	Birthday Frosted	
Rice Krispies Treat Traditional, Chocolate Chip <i>dairy, soy, soybean oil</i>	\$1.50		
Fresh Baked Brownies <i>egg, soy, wheat</i>	\$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: _____



FUELING STUDENT SUCCESS