**A cupcake with sprinkles on top

Description automatically generatedA pink frosted cookie with sprinkles

Description automatically generatedClassroom Celebrations**

**Request Form 2025**

*Dear Teachers/Parents/Staff,*

*Do you want to celebrate with your students but don’t have the time for all the planning and details? Return this request form to the Cafeteria Manager and leave the party to us! Upon receipt of the request form, we will provide you with a price quote for your party within 48 hours. On the celebration day, we take care of everything for you!*

Please select the desired celebration treat(s) from the list below. Treats will be distributed to the class based on the teacher’s time preference.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Price Per Item** | **Flavor Choice(s)** | **Number of Treats Needed** |
| **Fresh Baked Cookies**  *\*Cookies are produced in a nut free facility* | $0.70 | Celebration *– dairy, soy, egg, wheat*  Chocolate Chip *– dairy, soy, egg, wheat*  Double Chocolate Chip *– dairy, soy, egg, wheat*  Snickerdoodle *- 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  Pink Frosted |  |
| **Rice Krispies Treat**  **Traditional, Chocolate Chip**  *dairy, soy, soybean oil*  **Confetti**  *Soy, soybean oil* | $1.50 |  |  |
| **Fresh Baked Brownies**  *egg, soy, wheat* | $1.50 |  |  |
| **Cupcake cream filled** | $1.50 |  |  |
| **Novelty Ice Cream** | $1.90 | Contact the FNS Manager for available options and allergens |  |
| **Switch Sparkling 100% Juice** | $2.00 | Black Cherry, Strawberry Melon, Fruit Punch, Kiwi Berry, Orange Tangerine |  |

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

Date to be Delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*Cafeteria Manager: \_\_Melissa Turner\_\_\_\_ Phone Number: \_\_678 842-6945\_\_\_\_\_ Email: Melissa.Turner@cobbk12.org*

**Submit the order form and payment to the Cafeteria Manager ***three (3) weeks before the day of event.***