

Breakfast Program

Date: _____

If your child will be joining us on a regular breakfast, please fill out the following information and return to the front desk.

My child _____ will be having breakfast each morning on the following days:

____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.

\$1.50 per day will be charged to your account each week.

(Signature)

(Classroom)

Breakfast is served from 7:30 a.m.-8:30 a.m.

If you wish to continue to purchase breakfast for your child day by day please do so at your front desk.

Thank you,

Gloria