

Classroom Snack Pack Order Form

We are here to help you provide snacks or celebrate any occasion at your child's school.

- Select individually wrapped snack item(s) from the list below
- Snack Packs will be distributed to the class based on the teacher's time preference
- Your child will receive a certificate of recognition
- Submit the order form and payment to the Cafeteria Manager **three weeks before day of delivery.**

Item	Price Per Item	Flavor Choice	Enter Quantity Requested (# of students in class+ teacher)	Calculate Total Price (price per item x quantity requested)
Fresh Baked Cookies Celebration, Chocolate Chip, Double Chocolate Chip <i>(contains dairy, egg, soy and wheat)</i> Snickerdoodle, Sugar <i>(contains dairy, egg and wheat)</i>	\$0.50			
Shortbread Cookies (Strawberry or Apple) <i>(contains dairy, egg, soy and wheat)</i>	\$0.50			
Mini Cocoa Rice Krispy Treat (2) <i>(contains dairy and soy)</i>	\$0.60			
Caramel Popcorn <i>(contains dairy)</i>	\$0.60			
White Cheddar Popcorn <i>(contains dairy)</i>	\$0.60			
Mini Chocolate Chip Cookies <i>(contains dairy, soy and wheat)</i>	\$0.60			
Cream Filled Chocolate Cupcake <i>(contains wheat, dairy, egg and soy)</i>	\$0.75			
Iced Vanilla Cupcake <i>(contains wheat, egg, dairy, peanuts/treenuts* and soy)</i>	\$0.75			
Chocolate Chip Rice Krispy Treat <i>(contains dairy and soy)</i>	\$0.75			
Rice Krispy Treat <i>(contains dairy and soy)</i>	\$0.75			
Double Chocolate Whole Grain Brownie <i>(contains wheat, dairy, egg, and soy)</i>	\$1.00			
8 oz. Bottled Water	\$0.75			
Capri Sun 100% Juice <i>(Apple, Fruit Punch, Berry Breeze)</i>	\$0.75			
Switch Sparkling 100% Juice <i>(Tropical Pineapple, Black Cherry, Grape, Strawberry Melon, Fruit Punch, Apple, Kiwi Berry, Orange Tangerine)</i>	\$1.25			
Frozen Strawberry or Frozen Peach Cups	\$1.00			
TOTAL				

**Note: If there is a nut allergy in the classroom, we will substitute with chocolate cupcakes*

Name of Student: _____ Teacher's Name/Class: _____

Date to be Delivered: _____ Circle one: Cash or Check \$ _____

Parent/Guardian's Name: _____ Phone Number: _____

Cafeteria Manager: _____ Phone Number: _____ Email: _____

This institution is an equal opportunity provider.