

Breakfast Order Form

Breakfast for the Month of January, 2020

Due to the office by 3:00 pm, ***Tuesday**, December 17, 2019

Student Name _____

Pod Teacher/Advisor _____ Grade _____

*Please **CHECK** off the day breakfast will be ordered.*

Week of 12/30 – 1/3 Monday Tuesday Wednesday Thursday Friday

Week of 1/6 – 1/10 Monday Tuesday Wednesday Thursday Friday

Week of 1/13 – 1/17 Monday Tuesday Wednesday Thursday Friday

Week of 1/20 – 1/24 Monday Tuesday Wednesday Thursday Friday

Week of 1/27 – 1/31 Monday Tuesday Wednesday Thursday Friday

Number of Breakfasts ordered _____ X \$1.85

Less credit due _____

Total Amount Enclosed


\$ _____

Cash or Checks may be made out to SSCPS.



**SOUTH SHORE CHARTER PUBLIC SCHOOL
JANUARY, 2020**

BREAKFAST

Monday	Tuesday	Wednesday	Thursday	Friday
<i>NO SCHOOL</i>	<i>NO SCHOOL</i>	1 <i>NO SCHOOL</i>	2 Cinnamon Toast Crunch Fruit Juice Milk	3 Cinnamon Roll Fruit Juice Milk
6 Frosted Flakes WG Grahams Fruit Juice Milk	7 Blueberry Muffin Fruit Juice Milk	8 Yogurt & Granola Fruit Juice Milk	9 Banana Muffin Fruit Juice Milk	10 Apple Roll Fruit Juice Milk
13 Golden Grahams WG Grahams Fruit Juice Milk	14 Bagel & Cream Cheese Fruit Juice Milk	15 Strawberry Muffin Fruit Juice Milk	16 Cinnamon Roll Fruit Juice Milk	17 Chocolate Chip Muffin Fruit Juice Milk
20 	21 Rice Krispies WG Grahams Fruit Juice Milk	22 Yogurt & Granola Fruit Juice Milk	23 Banana Muffin Fruit Juice Milk	24 Cinnamon Roll Fruit Juice Milk
27 Alpha Bits WG Grahams Fruit Juice Milk	28 Apple Cinnamon Muffin Fruit Juice Milk	29 Blueberry Muffin Fruit Juice Milk	30 WG Croissant & Jelly Fruit Juice Milk	31 Chocolate Chip Muffin Fruit Juice Milk

* All Meals include Choice of 1% or Skim Milk. **Circle a Milk Choice** **1%** **Skim**

* Complies with NSLP Regulations

PLEASE MAKE A MEAL CHOICE BY CIRCLING THE DAY BREAKFAST IS DESIRED.

ALL MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**