



Snack & Lunch Program

Crossing Borders has teamed up with Jason's Deli to provide daily snack and lunch to our students. This is an optional program and you have the option to send additional food, drinks, and snacks.

Note: if your child has a specific diet, please bring a meal replacement.

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Snack:	- Organic low fat milk - Cup of fruit	- Yogurt - Cup of fruit	- Organic low fat milk - Cup of fruit	- Yogurt - Cup of fruit	- Organic low fat milk - Cup of fruit
Lunch:	- Ham & cheese Sandwich - Cucumbers	- Bowtie pasta & Meatballs - Tomato	- Grilled cheese Sandwich - Carrots	- Mac & cheese - Green peas	- Pepperoni Pizza - Carrots
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Snack:	- Yogurt - Cup of fruit	- Organic low fat milk - Cup of fruit	- Yogurt - Cup of fruit	- Organic low fat milk - Cup of fruit	- Yogurt - Cup of fruit
Lunch:	- Bowtie pasta & chicken alfredo - Cucumbers	- Turkey & cheese Sandwich - Tomato	- Baked chicken Nuggets - Carrots	- Baked hot-dog - Mashed potato	- Cheese Pizza - Carrots

SELECTION	PROGRAM	MONTHLY RATE	
<input type="checkbox"/>	2 Days per week - (Tue & Thu)	\$75	<i>Parents may not pick and choose days to participate</i>
<input type="checkbox"/>	3 Days per week - (Mon, Wed & Fri)	\$106	
<input type="checkbox"/>	5 Days per week	\$170	
<input type="checkbox"/>	<i>One week only</i>	<i>\$50 (p/week)</i>	<i>Intermittent participation</i>

SELECTION	METHOD OF PAYMENT
<input type="checkbox"/>	Debit or Credit Card <i>(please complete the Automatic Payment Authorization form)</i>
<input type="checkbox"/>	Check
<input type="checkbox"/>	Cash or Money Order

- Payment must be received in advance on or before the 25 of the prior month for meals to be provided during the following month.
- Please provide an advanced 5-day written notice to withdraw from the monthly L&S program. There will be no refunds for any paid and unused fees.
- For intermittent participation, payment must be submitted with this order. You must submit an order each time you wish to participate in the L&S.

Student's full name _____ Age _____

Classroom(s) _____ First day of service: _____

I am the parent/guardian of the child previously mentioned and I agree to pay according to this Pricing List.

Parent/Guardian's Signature _____ Date _____