



**For Office Use Only**

Cash/Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**LUNCH BUNCH**  
 October 5<sup>th</sup> – October 30<sup>th</sup>

**Please complete the form below to allow us to plan for your child's Lunch Bunch Schedule.  
 Please note that the program requires advance payment.**

**Child's Name** \_\_\_\_\_

Step 1: On the calendar below, mark and "X" over each  
 Day that you plan to use the Lunch Bunch option.  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of Lunch Bunch days. Total Days \_\_\_\_\_

Step 3: Multiply the total days times \$7 per day. x \$7.00

**Total Due \$ \_\_\_\_\_ .00**

<b>October 2009</b>						
<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31