



For Office Use Only

Cash/Check # _____

Date _____

Amount \$ _____

LUNCH BUNCH
September 19th – 30th

**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 an "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 \$10 per day. X \$10.00

Total Due \$ _____ .00

September 2011						
S	M	T	W	T	F	S
28	29	30	31	1	2	3
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	1