

St. Joseph School Lunch & Breakfast Programs
2010-2011

The National School Lunch Program, subsidized by the Department of Public Instruction; provides the noon meal for your students. This year lunch will be 2.00 for full price and .40 for reduced, or free. Milk is included in the noon meal. However if your student wishes to have a milk break in the morning or afternoon the cost will be .35 per carton.

Once again this year we are offering the breakfast program to all students. Starting the first day of school your student can purchase breakfast for 1.00 for full price, .30 for reduced or free. The same eligibility applies for breakfast as for lunch. A complete price list for all programs can be found on the reverse side.

Monies for all programs may be paid daily, by the week, quarter, semester, or year. Also available this year is auto payment; forms are available upon request. Mrs. Meier collects and takes care of all monies in these programs. Checks are preferred over cash. **All LUNCH PROGRAMS can be paid with one check . Please mark on the envelope the CHILD'S NAME, AMOUNT PAID and WHAT IT IS FOR. Make checks payable to: ST. JOSEPH SCHOOL LUNCH PROGRAM. PLEASE DO NOT COMBINE LUNCH MONIES WITH SCHOOL TUITION MONIES!**

The forms for free and reduced lunch and breakfast are enclosed. All information is kept confidential. If you would like to be added, or removed from the free or reduced programs at any time during the year, please let us know. **PLEASE CONSIDER THE FREE AND REDUCED PROGRAMS IF YOU QUALIFY. THEY BENEFIT OUR PROGRAM GREATLY.**

Meal payment and account balances

Notices will be sent home when \$10 remains in family's lunch account with your student or via e-mail.

Students/ families will be allowed to charge 3 days of breakfast and/ or lunches. After 3 charges your student will be served peanut butter sandwich,veggies and milk or brings cold lunch.

***PLEASE NOTE: We have subtracted ONE snow day and ONE field trip day from the prices. Any additional absentees, snow days, or field trip days will be adjusted at the end of the school year. PLEASE KEEP THIS LETTER FOR FUTURE REFERENCE!**

Hot lunch 2.00 +milk break .35 = \$2.35 per day or \$11.50 per week.
Breakfast 1.00 per day or \$5.00 per week.

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The National School Lunch Program, subsidized by the Department of Public Instruction, provides your student with a free lunch. This year, lunch will be free for all students. The same applies for breakfast. A complete list for all programs is found in the morning newsletter.

Monies for all programs may be paid daily, by the week, quarter, semester, or year. Also available this year is auto payment forms are available upon request. Mrs. Meier collects and takes care of all monies in these programs. Checks are preferred over cash. All monies can be paid with one check. Please check the amount.

PAID and WHAT IS FOR. Make checks payable to ST. JOSEPH SCHOOL LUNCH PROGRAM. THE FREE AND REDUCED LUNCH WITH THIS.

<u># Days</u>	<u>Lunch</u>	<u>Milk break</u>	<u>Total</u>
5	\$10.00	\$1.75	\$11.75
10	\$20.00	\$3.50	\$23.50
20	\$40.00	\$7.50	\$47.50
45	\$90.00	\$15.75	\$105.75
178	\$356.00	\$62.30	\$418.00

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<u># Days</u>	<u>Lunch</u>	<u>Milk break</u>	<u>Total</u>
5	\$2.00	\$1.75	\$3.75
10	\$4.00	\$3.50	\$7.50
20	\$8.00	\$7.00	\$15.00
45	\$18.00	\$15.75	\$33.75
178	\$71.20	\$62.30	\$133.50

Meal payment and account balances

Monies will be sent to your student's lunch account via e-mail.

<u># Days</u>	<u>Full Paid</u>	<u>Reduced</u>
5	\$ 5.00	\$1.50
10	\$10.00	\$3.00
20	\$15.00	\$6.00
45	\$45.00	\$13.50
178	\$178.00	\$53.40

You may also send money with your student on a daily basis.

If you have any questions, observations, or suggestions, please call Carol Meier Or Mary Bray at 262- 5912.

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**Authorization for Automatic Payment
For School Lunches**

I hereby authorize St. Joseph Catholic Church and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until the ending date listed below or until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

(Name -- please print)

(Address -- please print)

(Phone number)

Checking Account No. _____ (or) Savings Account No. _____

Financial Institution Name: _____

Financial Institution Routing Number: _____
(between these symbols 1: 1: on the bottom left of your check)

I authorize St. Joseph Catholic Church of Prescott to initiate electronic entries to my checking/savings account on the 15th of each month, and agree to the terms listed on the authorization.

(If the 15th is on a weekend or Holiday, the payment will be on the business day prior.)

Monthly payment amount: \$ _____ Total (if known) \$ _____

Starting Date: _____ Ending Date: _____

Signatures: _____

***(Please include a voided check or deposit slip to provide necessary routing information.
Thank You!)***