Due: March 29th

Lunch Menu April 2019

Crosspoint Children's Center

Monday	Tuesday	Wednesday	Thursday	Friday
Spaghetti w/Marinara Green Salad Dinner Roll 8 th Pot Stickers w/rice Peas Peaches	2 nd Turkey & Cheese Sandwich Pretzel Sticks Green Beans 9 th Chicken Patty on a Bun Cooked Carrots Fruit Cocktail	3 rd Cheese Quesadillas Spanish Rice Tropical Fruit 10th Spaghetti w/ Marinara Sauce Green Salad Dinner Roll	4 th Hot dog Chips Cooked Corn Pears 11 th Cheese Pizza Green Beans Pears	5 th Canadian Bacon Pizza Pineapple Chunks Peas 12 th Chicken Nuggets Tater Tots Corn Fruit Cocktail
15 th Grilled Cheese Sandwich Chips Green Beans Orange slices	16 th Macaroni and Cheese Peas Mandarin Oranges	17 th Canadian Bacon Pizza Carrot sticks w/ranch Peaches	18 th Hawaiian Meatballs w/Rice Cooked Corn Fruit Cocktail	19 th School Closed Good Friday
22 nd Hot Dog Chips Green Beans Apple Sauce	23 rd Cheese Pizza Tropical Fruit Vanilla Pudding	24 th Macaroni & cheese Peas Mandarin Oranges	25 th Ham Cheese Sandwich Chips Cooked Corn Apple Sauce	26 th Baked Corn dog Tater Tots Cooked Corn Pears
29 th Canadian Bacon Pizza Green Beans Orange Slices	30 th Spaghetti w/Marinara Green salad Dinner Rolls			

ALL MEALS INCLUDE MILK

	Pre-paid lunches are \$5.00 Please make check payable to CrossPoint Children's Center (or charge to account) and											
PAYMENT:	include it with your order form. Return to the school office by March 29 th 2019. Emergency lunches are \$6.00											
CHECKS:	There will be a \$25 service fee plus late fees on returned checks.											
ABSENCE &	If your child will be absent, please call CrossPoint Children's Center at 909-902-1154 to request credit. YOU MUST CALL BEFORE											
CREDIT:	10:00 AM the morning of the absence. No exceptions will be made. Credit(s) can be used for a later date.											

Due: Friday March 29th 2019 (Cut here and return bottom portion with payment)

ONE ORDER FORM PER CHILD PLEASE												**Order Form**												
CHILD'S NAME:												PHONE NUMBER:												
	TEACHER'S NAME: ROOM: PLEASE CIRCLE THE DATES THAT YOU WILL PREPAY.																							
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1- \$5.00		2	2- \$10.00		3- \$15.00		4- \$20.00		5-9	5-\$25.00		6- \$30.00		7- \$35.00		8- \$40.00		9-	9-\$45.00		10- \$50.00		11- \$55.0	0
12-	12- \$60.00		13- \$65.00		14- \$70.00		15- \$75.00		16-	16- \$80.00		17-\$85.00		18-\$90.00		19-\$95.00		20-\$100.00		00	21-\$105.00			
CHARGE ACCT: CASH							CHECK #:								AMOUNT:									