

Birthday in a Box

The Madison Food & Nutrition Department would like to help celebrate your child's birthday!

1. Please select one type of treat to purchase for the entire class.
2. **Return this form & cash/check payment to cafeteria no later than 7 days in advance.**
Checks are made payable to: "Madison Food Service."

School Name: _____

Child's Name: _____

Grade: _____

Teacher's Name: _____

Date Needed: _____

Requester's Name: _____

Phone Number (if we have questions): _____

Choice of Treat	Ingredient Info	Class Size	Cost	Extended Price
Fruit Roll Ups	Dairy Free, Gluten Free, & Kosher		\$0.50	
Cocoa Puff Bars	Dairy Free		\$0.50	
Blue Raspberry Lemon Frozen Juice Sidekick	Dairy Free & Gluten Free		\$0.75	
Strawberry Mango Frozen Juice Sidekick	Dairy Free & Gluten Free		\$0.75	
Chocolate Chip Rice Krispies	Gluten Free		\$0.75	
Triple Chocolate Fudge Cookie	Kosher		\$0.75	
Ice Cream Sandwiches	Kosher		\$0.75	
Chocolate Sundae Crunch Bar	Kosher		\$0.75	
Birthday Order Total				

Birthday Treats do not contain tree nuts/peanuts in ingredients but may be manufactured in a facility that contains them

*****For School Use Only*****

Cafeteria Manager Signature: _____

Date Ordered: _____ Amount Received: \$ _____ Cash: _____ Check # _____