





HEALTHY CELEBRATION ORDER FORM WILLIAMSVILLE NUTRITION PROGRAM



Today's Date _____ Date/Time Needed _____ Classroom _____
 Teacher _____ # of Units _____ Cost _____
 Your Name _____ Phone# _____ Child's Name _____

CARROT/CELERY CUP W/LF RANCH DIP		.65	
<i>3 celery sticks and 3 carrot w/1 oz dip</i>			
CHORTLES-WG MINI CHOCOLATE CHIP COOKIES		.50	
FRUITABLE BERRY 4.4 oz. JUICE BOX		.50	
WATER – 8 oz		.50	
GIANT GOLDFISH GRAHAMS		.25	
<i>Whole Wheat Flour- Goldfish 2-per package</i>			
WHOLE FRUIT ICEE JUICEE		.50	
<i>100% Juice</i>			
ORANGE SORBET		.50	
<i>Made w/Juice</i>			
YOGURT AND FRUIT		.75	
<i>4 oz yogurt with sliced apples</i>			

Please specify pick up at kitchen _____ or delivery to classroom _____

Total due at order
check or cash

PLEASE PRE ORDER 1 WEEK IN ADVANCE

TOTAL-Add lines above

\$ _____

**AT YOUR CHILD'S SCHOOL
THROUGH THE CHILD NUTRITION MANAGER
ANY QUESTIONS, PLEASE CALL 626-8870**

Phone: 716-626-8875
Fax: 716-626-8873