

# HEALTHY CELEBRATION ORDER FORM WILLIAMSVILLE NUTRITION PROGRAM

Today's Date \_\_\_\_\_ Date/Time Needed \_\_\_\_\_



Your Name \_\_\_\_\_ Phone # \_\_\_\_\_



Classroom \_\_\_\_\_

Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

		# of Units	Cost
<b>CARROT/CELERY CUP W/LF RANCH DIP</b> <i>3 celery sticks and 3 carrot w/1 oz dip</i> 	<b>.65</b>		
<b>PRETZEL GOLDFISH</b>	<b>.50</b>		
<b>MOZZARELLA STRING CHEESE</b>	<b>.50</b>		
<b>WATER – 8 oz</b>	<b>.50</b>		
<b>SCOOBY DOO GRAHAM STICKS-</b> <i>Whole grain</i>	<b>.50</b>		
<b>WHOLE FRUIT ICEE JUICEE</b> <i>100% Juice</i>	<b>.50</b>		
<b>ORANGE SHERBET</b> <i>Made w/Juice</i> 	<b>.50</b>		
<b>YOGURT AND FRUIT</b> <i>4 oz yogurt with sliced apples</i>	<b>.75</b>		

Please specify pick up at kitchen  or delivery to classroom

Total due at order  
check or cash

**PLEASE PRE ORDER 1 WEEK IN ADVANCE**

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

TOTAL-Add lines above

\$

Phone: 716-626-8875  
Fax: 716-626-8873  
May 3, 2017