**Essex Public School: Sample 2nd Term Snack Menu**

**This menu is subject to change without notice due to seasonal suppliers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Week One / Week Three | 1 apple  whole wheat melba toast  cheddar cheese | 8 baby carrots  ½ whole wheat bagel  mozzarella cheese | ½ orange  cheddar cheese  2 triscuit crackers | ½ pita  8 cucumber slices/grape tomatoes  mozzarella cheese | ½ banana  1 yoghurt tube  4 graham crackers |
| Week Two /  Week Four | 8 baby carrots  ½ whole wheat bagel  mozzarella cheese | ½ pita  8 cucumber slices/grape tomatoes  mozzarella cheese | 1 apple  Whole wheat melba toast  cheddar cheese | ½ orange  cheddar cheese  2 triscuit crackers | ½ banana  1 yoghurt tube  4 graham crackers |

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**Snack Program Payment Reminder**

**(If you have paid $50 already, there is no need to contribute again.)**

**(Essex Only) Snack Program:**

* \_\_\_\_ YES I would like to pay for 2nd term (January 08 – March 9th, 2017): $20
* \_\_\_\_ YES I would like to pay for the remainder of the year (until June 24th) $30

**Total Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Note: The Nutrition Program does not cover the Bank Charges for any NSF cheques.**

Name of Student: \_\_\_\_\_ Room / Homeroom # \_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following food allergies / restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The TFSS will provide a tax receipt for any contribution of $10.00 or more. Yes, I would like a tax receipt for 2017

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_