

NOAH WEBSTER SCHOOLS—PIMA October 2020 On Campus / Online BREAKFAST MENU

“This institution is an equal opportunity provider.”

**NOAH WEBSTER—PIMA
BREAKFAST ORDER FORM
October 2020**

Mon	Tue	Wed	Thu	Fri
<i>All meals are served with a choice of 1% white milk or fat free chocolate milk.</i>	<i>Drinking Fountains are also available</i>	<u>Online Students</u> Please only order meals for the days you will pick up.	1 Oatmeal Bar Applesauce 100% Juice	2 Golden Graham Bar Craisins 100% Juice
5 Fruity Cheerios Gala Apple 100% Juice	6 Carrot Bun Applesauce 100% Juice	7 Cinnamon Roll Sliced Apples 100% Juice	8 No School	9 No School
12 Cinnamon Toast Crunch Green Apple 100% Fruit Juice	13 French Toast Bar Fresh Pear 100% Juice	14 Blueberry Waffle Applesauce 100% Juice	15 Chocolate Mini Do-nuts Fresh Apples 100% Juice	16 Strawberry Parfait w/ Granola 100% Juice
19 Lucky Charms Apple Sauce 100% Juice	20 Cinnamon Pop Tart Apple Chips 100% Juice	21 Pancake Bowl w/ Strawberry 100% Juice	22 Zucchini Super Loaf Fresh Pear 100% Juice	23 Cinnamon Toast Crunch Filled Bar Craisins & 100% Juice
26 Trix Cereal Applesauce 100% Juice	27 Blueberry Muffin Raisins 100% Juice	28 Glazed French Toast Sliced Apples 100% Juice	29 Mini Bagels w/ Strawberry Cream Cheese	30 Fruity Cheerios Bar String Cheese Fresh Pear & 100% Juice

BREAKFAST INFORMATION

Breakfast is \$2.10 a day.
Qualified Reduced Breakfast: \$.30

Please Note: If your child is qualified for FREE meals, menus are still required to be turned in for proper ordering counts.

PAYMENT & ORDER ARE DUE

NO LATER THAN

*** September 22nd***

AN EXTRA WEEK WILL BE NEEDED

TO PROCESS LATE ORDERS Sorry—NO EXCEPTIONS.

Last minute substitutions may be necessary due to product availability.

VERY IMPORTANT! Please carefully check the menu for any possible food allergies that may affect your child.

Name: _____

Teacher / Online: _____

Name of Parent/Guardian that will be picking up meals if students are not present. Please bring valid ID. (only online students)

MON	TUE	WED	THU	FRI
			1	2
5	6	7	8 No School	9 No School
12	13	14 Half Day	15	16
19	20	21	22 Half Day	23 Half Day
26	27	28 Half Day	29	30

**Do Not Fill In
For Office Use Only:
Deposit # _____**

Check #: _____

Amount: \$ _____

Cash Amount: \$ _____

Credit Card: _____