













Dec '09

Lunch Menu

K-8

Define Foods

Monday		Tuesday		Wednesday		Thursday		Friday	
		1	Corn Dog	2	Chicken Nuggets	3	Flippin' Pizza	4	HALF DAY
		Chips Salad		Salad Treat		Fruit Salad		SNACK DAY ONLY	
7	Quesadilla	8	Hot Dog Day	9	Chicken Nuggets	10	Hamburger	11	Flippin' Pizza
Chips Salad		Chips Salad		Salad Treat		Fruit Salad		Fruit Salad	
14	Quesadilla	15	Corn Dog	16	Chicken Nuggets	17	Flippin' Pizza	18	HALF DAY
Chips Salad		Chips Salad		Salad Treat		Fruit Salad		SNACK DAY ONLY	
21	NO SCHOOL	22	NO SCHOOL	23	NO SCHOOL	24	NO SCHOOL	25	NO SCHOOL
*****		*****		HAPPY		HOLIDAYS!!		*****	
28	NO SCHOOL	29	NO SCHOOL	30	NO SCHOOL	31	NO SCHOOL		
HAVE		A		WONDERFUL		CHRISTMAS		CELEBRATION!!	

ALL MEALS INCLUDE YOUR CHOICE OF: WATER, MILK IN A CUP, OR JUIC

PAYMENT: Pre-paid lunches are \$4.00 (Define Foods is not responsible for ANY lost cash orders). Please make checks payable to "Define Foods." Please return by November 30, 2009. Emergency lunches are \$5.00. You must pay the \$5.00 the following day.

CHECKS: There will be a \$25 service fee on returned checks.

ABSENCE & CREDITS If your child will be absent please call Define Foods and leave a message at **760-207-4141** (Jason) to request credit. YOU MUST CALL PRIOR TO 8 AM THE MORNING OF THE ABSENCE. No exceptions. Credits must be used before the end of the school year. Field Trips & Pre-planned events will not be credited.

Due November 30

(Cut here and return bottom portion with payment)

ONE ORDER FORM PER CHILD PLEASE

CHILD NAME: _____

PHONE #: _____

GRADE:

TEACHER NAME: _____

ROOM: _____

PLEASE CIRCLE THE DATES THAT YOU WILL PREPAY

M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
X	1	2	3	X	7	8	9	10	11	14	15	16	17	>	X	X	X	X	>	X	X	X	X	X

1- \$4.00	2- \$8.00	3- \$12.00	4- \$16.00	5- \$20.00	6- \$24.00	7- \$28.00	8- \$32.00	9- \$36.00	10- \$40.00
11- \$44.00	12- \$48.00								
								Total:	\$48.00

CHECK #: _____

AMOUNT: _____

DATE: _____

PLEASE NOTIFY CATERER OF ANY FOOD ALLERGIES