










































Oct '09

Lunch Menu

K-8

Define Foods

Monday		Tuesday		Wednesday		Thursday		Friday	
						1	Pizza	2	HALF DAY
							Fruit Salad 	SNACK DAY ONLY	
5	Hot Dog 	6	Quesadilla 	7	Spaghetti 	8	Chicken Nuggets 	9	Pizza 
	Chips Salad 		Chips Salad 		Salad Treat 		Fruit Salad 		Fruit Salad 
12	Hot Dog 	13	Quesadilla 	14	Spaghetti 	15	Chicken Nuggets 	16	Pizza 
	Chips Salad 		Chips Salad 		Salad Treat 		Fruit Salad 		Fruit Salad 
19	Hot Dog 	20	Quesadilla 	21	Spaghetti 	22	Chicken Nuggets 	23	Pizza 
	Chips Salad 		Chips Salad 		Salad Treat 		Fruit Salad 		Fruit Salad 
26	Hot Dog 	27	Quesadilla 	28	Spaghetti 	29	Chicken Nuggets 	30	Pizza 
	Chips Salad 		Chips Salad 		Salad Treat 		Fruit Salad 		Fruit Salad 

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

PAYMENT: Pre-paid lunches are \$3.75 (Define Foods is not responsible for ANY lost cash orders). **Please make checks payable to "Define Foods."** Please return by September 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 **760-373-0514** (Dulce) or **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 September 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	X	X	1	X	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30

1- \$3.75	2- \$7.50	3- \$11.25	4- \$15.00	5- \$18.75	6- \$22.50	7- \$26.25	8- \$30.00	9- \$33.75	10- \$37.50
11- \$41.25	12- \$45.00	13- \$48.75	14- \$52.50	15- \$56.25	16- \$60.00	17- \$63.75	18- \$67.50	19- \$71.25	20- \$75.00
							21- \$78.75	Total:	\$78.75

CHECK #: _____

AMOUNT: _____

DATE: _____

PLEASE NOTIFY CATERER OF ANY FOOD ALLERGIES