

Return this portion of the lunch form with your payment to school. Make checks payable to CCA.

Child's name _____
 Teacher's Name _____
 Please indicate the days you need lunch (drink included).

MAY		Meals \$2.00
MAY	2	
MAY	3	
MAY	4	
MAY	5	
MAY	6	
MAY	9	
MAY	10	
MAY	11	
MAY	12	
MAY	13	NO SCHOOL
MAY	16	
MAY	17	
MAY	18	
MAY	19	
MAY	20	
MAY	23	
MAY	24	
MAY	25	
MAY	26	
MAY	27	SUMMER BREAK
MAY	30	MEMORIAL DAY
MAY	31	SUMMER BREAK
TOTAL		

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