

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 and quantity of milk

	Meals	Drinks
APRIL	\$3.50	\$0.50

APR	1	SPRING	BREAK
APR	4		
APR	5		
APR	6		
APR	7		
APR	8		
APR	11		
APR	12		
APR	13		
APR	14		
APR	15	GOOD	FRIDAY
APR	18		
APR	19		
APR	20		
APR	21		
APR	22		
APR	25		
APR	26		
APR	27		
APR	28		
APR	29	WEATHER	DAY

TOTAL	# of Meals	# of Drinks
Total Enclosed: \$		

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