

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).

September		Meals \$2.00
Sept	1	
Sept	2	
Sept	5	LABOR DAY
Sept	6	
Sept	7	
Sept	8	
Sept	9	
Sept	12	
Sept	13	
Sept	14	
Sept	15	
Sept	16	
Sept	19	
Sept	20	
Sept	21	
Sept	22	
Sept	23	
Sept	26	
Sept	27	
Sept	28	
Sept	29	
Sept	30	
TOTAL		

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