



## Magnolia ISD Child Nutrition Department Birthday Treat Order Form School Year 2020-2021

Dear Parents:

The Magnolia ISD Child Nutrition Department would like to help you celebrate your child's special day by offering cute and fun treats you can easily purchase for the entire class.

You place the order, we do the work! Please place your order at least 2 weeks in advance.

Choose one special treat below for your child's entire class. Submit this form and send payment to your child's teacher (cash or check, made payable to MISD Child Nutrition Department). Your child's teacher will submit this order and payment to the cafeteria manager. Treats will be delivered (at the teacher's preferred time) to your child's classroom.

Questions? Contact Vickey Williams at 281-252-2231 or [vwilliams@magnoliaisd.org](mailto:vwilliams@magnoliaisd.org).

**Choose One Treat:**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Vanilla Cupcake with Icing            | <b>Cost:</b><br>\$ 0.85 ea. |
| <input type="checkbox"/> Chocolate Cupcake with Icing          | \$ 0.85 ea.                 |
| <input type="checkbox"/> Otis Spunkmeyer Sugar Cookie          | \$ 0.60 ea.                 |
| <input type="checkbox"/> Otis Spunkmeyer Rainbow Chip Cookie   | \$ 0.60 ea.                 |
| <input type="checkbox"/> Otis Spunkmeyer Chocolate Chip Cookie | \$ 0.60 ea.                 |

**Available Drinks (Choose One if Desired):**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Capri Sun Berry (100% Juice)    | <b>Cost:</b><br>\$ 0.60 ea. |
| <input type="checkbox"/> Capri Sun Apple (100% Juice)    | \$ 0.60 ea.                 |
| <input type="checkbox"/> Nestle Bottled Water (16.9 oz.) | \$ 0.60 ea.                 |

# Students in class \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (amount due)

**Please Print:**

Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Date Needed \_\_\_\_\_

\*\*\*For Food Service use only\*\*\*

Amount received: \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Payment received by \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

**Manager: Please submit form to Child Nutrition Office.**

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