

**ST. JOSEPH REGIONAL CATHOLIC SCHOOL
FOOD SERVICE PROGRAM**

The following costs should be considered when sending in payments for your child's breakfast/lunch. (Note: Under costs there are two amounts listed - the first amount is for a student. We are listing the second amount, which is the adult lunch price, for those of you who sometimes volunteer and purchase lunch.)

Breakfast Items and costs:

Bagel	.50/.50
Bagel w/cream cheese	.75/.75
Cereal	.75/.75
Cereal w/milk	1.15/1.15
Egg McMuffin	.75/.75
Muffin	.50/.50
Pop Tart	.75/.75
Milk	.40/.40
Hawaiian Punch	.75/.75
Sunny Delight	.75/.75

Lunch Items and costs:

Lunch w/milk	2.00/2.25
Bag Lunch	2.00/2.25
Jr. High Lunch (Sub)	2.50/2.50
Chef's Salad	2.00/2.25
Extra Portion	1.00/1.00
Milk	.40/.40
Dinner Theater lunch	2.50/2.50

FAMILY NAME _____

MONTH _____

The Meal Magic Lunch Program only allows us to set up individual accounts for each child – not family accounts. Therefore, in order that we may credit your child's account with the proper amount, please complete the following information, cut it off at the dotted lines, and return it with your check. Please review your statement(s). If applicable, add money owed from last month (negative balance) or subtract money overpaid (positive balance).

Amount to deposit for this child:

Child's Name _____	HR _____	\$ _____
Child's Name _____	HR _____	\$ _____
Child's Name _____	HR _____	\$ _____
Child's Name _____	HR _____	\$ _____

Total check amount \$ _____

Check # _____

IF YOUR FINAL TOTAL ON YOUR STATEMENT IS NEGATIVE, YOU OWE US THIS AMOUNT. PLEASE INCLUDE THIS AMOUNT WITH YOUR CURRENT MONTH PAYMENT FOR EACH CHILD. IF YOU DO NOT BRING YOUR ACCOUNT UP TO DATE, YOUR CHILD WILL RECEIVE AN EMERGENCY LUNCH. THANK YOU.