Classroom Celebrations

Order Form *8/3/23*

 *We are here to help you celebrate any occasion in your child’s classroom in a safe way.*

* Select celebration treat(s) from the list below.
* Treat(s) will be distributed to the class based on the teacher’s time preference.
* Submit the order form and payment to the Cafeteria Manager ***three (3) weeks before day of event.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Price Per Item** | **Flavor Choice(s)** | **Number of Treats Needed** |
| **Fresh Baked Cookies***\*Cookies are produced in a nut free facility* | $0.70 | Celebration *– dairy, soy, egg, wheat*Chocolate Chip *– dairy, soy, egg, wheat*Double Chocolate Chip *– dairy, soy, egg, wheat*Snickerdoodle *- dairy, soy, egg, wheat*Sugar *- dairy, egg, wheat* |  |
| **Frosted Cookies***Wheat, soy, eggs, milk**\*Cookies are produced in a nut free facility* | $1.25 | Birthday FrostedPink Frosted |  |
| **Rice Krispies Treat****Traditional, Chocolate Chip** *dairy, soy, soybean oil***Confetti***Soy, soybean oil* | $1.50 |  |  |
| **Fresh Baked Brownies***egg, soy, wheat* | $1.50 |  |  |
| **Brookie** | $1.50 |  |  |
| **Novelty Ice Cream** | $1.90 | Birthday Cake Ice Cream ConeDairy, soybean oil, treenuts(coconut oil), Wheat |  |
| **Menchie’s Frozen Dessert Cups***\*Manufactured in a facility that processes nuts, eggs, milk, soy and wheat* | $2.00 | Vanilla Snow - *milk*, Pure Chocolate - *milk*, Cookies and Cream – *milk, wheat, soy*, Cake Batter – *milk, wheat, soy, eggs*, Strawberry Sorbet |  |
| **8 oz. Bottled Water** | $0.75 |  |  |
| **Cake Pops** | $3.50 | Chocolate Bliss or Birthday  |  |
| **Switch Sparkling 100% Juice** | $2.00 | Black Cherry, Strawberry Melon, Fruit Punch, Kiwi Berry, Orange Tangerine |  |

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to be Delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment (Circle one): Child’s Lunch Account Check

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Cafeteria Manager: Maribel Hicks Phone Number: 770-578-7201***

***Email: Maribel.hicks@cobbk12.org***