

Pre-Payment Form

Date: _____ Milk order for the month of: _____

Dear Parent/Guardian,

Great news! Our school is registered with School Milk BC and will be offering white and chocolate milk to add to your child's lunch.

Children who drink milk at school are more likely to meet the daily number of Milk and Alternatives servings as recommended by Canada's Food Guide. See you parent brochure for more details.

We will be offering milk _____ times/week on the following days:

(circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Please indicate what you would like to order for your child by placing a 'W' (white milk) or a 'C' (chocolate milk) in the appropriate boxes.

#of white milk/week: _____

#of chocolate milk/week: _____

There are _____ weeks this month

Total number of white milk: _____ x \$ _____

Total number of chocolate milk: _____ x \$ _____

Total: _____

I have enclosed a cheque for _____ payable to: _____
(school name)

(parent/guardian name)

(child's name and division)

(parent/guardian signature)

(date)

