

Scenic Hills Christian Academy

December 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 Quesadillas Veggies Fruit & Drink	3 Sloppy Joe Baked Fries Fruit & Drink	4 Tostadas Rice Salad Fruit & Drink	5 Ravioli Bread Salad Fruit & Drink	6 Pizza Salad Fruit & Drink
9 Potato Stew Rice Fruit & Drink	10 Hotdogs Baked Fries Fruit & Drink	11 Alfredo Bread Salad Fruit & Drink	12 Enchiladas Rice & Beans Fruit & Drink	13 Pizza Salad Fruit & Drink
16 Bean & Cheese Tamales Rice Salad Fruit & Drink	17 Lasagna Bread Salad Fruit & Drink	18 Shell Taco Rice & Beans Fruit & Drink	19 Fried Chik Mashed Potatoes Green Beans Fruit & Drink	20 HALF DAY Pizza Salad Fruit & Drink
23 NO SCHOOL	24 NO SCHOOL	25 NO SCHOOL	26 NO SCHOOL	27 NO SCHOOL
30 NO SCHOOL	31 NO SCHOOL			

Sub Menu: If on any given day you wish to substitute the main course with a sub menu item listed below, please choose a **Sub#** and write that number in the square box on the order form. All come with the same side food.

SUB #1	SUB #2 (Fieldtrip lunch)	SUB #3
Burrito	Deli Sandwich	Veggie Chicken Salad

- Prepaid regular lunch: \$4.00 for Prek 3- Kinder, \$5.00 for 1st- 12th. Not responsible for lost cash payments.
- Late charge. After five days of your due date, 25% of what you owe will be applied to you.
- Please make checks payable to: "Teodora F. Oldham". There will be a \$25 service fee plus late fees for all returned checks.
- **Absence & Credit:** If your child will NOT be at lunch, **YOU MUST CALL BEFORE 9:00 AM** @ 210-441-9252(cell) or 210-523-2312 ext. 103 the morning of the absence. Please call me and request CREDIT for THE NEXT MONTH. Credit applies for the following month only.
- **Please take responsibility for your child if they have allergies. We are not responsible for food-related allergy attacks.**

(cut and return the bottom part with payment)

Child's name	Grade
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PLEASE MARK (X) FOR LUNCH DATES or SUB#.

December total lunches: 15

M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
2	3	4	5	6	9	10	11	12	13	16	17	18	19	20

Number of lunches _____ X \$4.00/\$5.00 = \$ _____ TOTAL \$ _____

FOR OFFICIAL USE ONLY

Cash Check# _____ Amount paid: \$ _____ Date: _____