Scenic Hills Christian Academy
December 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1 Haystacks Veggies Fruit & Drink	**2** Tostadas Rice Fruit & Drink	**3** Pizza Salad Fruit & Drink
6 Ravioli Salad & Bread Fruit & Drink	**7** Crispy Tacos Veggies Fruit & Drink	**8** Grilled Cheese Sandwich Tomato Soup Fruit & Drink	**9** Enchiladas Rice & beans Fruit & Drink	**10** Pizza Salad Fruit & Drink
13 Sub Sandwich Chips Fruit & Drink	**14** Alfredo Salad & Bread Fruit & Drink	**15** Baked Potato Steamed Veggies Fruit & Drink	**16** Quesadilla Explosion Salad Fruit & Drink	**17** Pizza Salad Fruit & Drink
20 **B**	**21** **R**	**22** **E**	**23** **A**	**24** **K**
27 **B**	**28** **R**	**29** **E**	**30** **A**	**31** **K**

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 *(Field Trip Lunch)*
Burrito	**Sandwich**

- Lunch fee: K3-Kinder, $4.00; 1st – 12th, $5.00. Not responsible for lost cash payments.
- **Payment Options:** 1) Cash; 2) Checks: Please make checks payable to: "Daleth Mendoza". There will be a $25 service fee plus late fees for all returned Checks; or 3) Zelle @ 830-584-6405
- Late charge. After five days of your due date, 25% of what you owe will be applied to you.
- **Absence & Credit:** If your child will NOT be at lunch, **YOU MUST CALL BEFORE 9:00 AM** @ 830-584-6405 or 210-523-2312 ext.103, the morning of the absence. Please call me and request CREDIT for THE NEXT MONTH. The 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

PLEASE MARK (X) FOR LUNCH DATES or SUB#.   **December total lunches: 13**

		W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T
		1	2	3	6	7	8	9	10	13	14	15	16	17							

Number of lunches _____ X $_____ = $ _____ TOTAL $_____

FOR LUNCH STAFF USE ONLY -

Type of payment received: Cash_____   Check#_____   Zelle_____   Amount paid: $_____   Date: _____