Scenic Hills Christian Academy
OCTOBER 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				1 Pizza Salad Fruit & Drink
4 Soft tacos Rice & beans Fruit & Drink	**5** Picadillo Rice and Salad Fruit & Drink	**6** Ensalada Rusa con Huevo Galletas Saladas Fruit & Drink	**7** Bean & Cheese burrito Baby Carrots and Ranch Fruit & Drink	**8** Pizza Salad Fruit & Drink
11 Mushrooms Chik Mashed potatoes Veggies Fruit & Drink	**12** Tostadas Sopa de Verduras con Fideos Fruit & Drink	**13** Chow Mein Egg Rolls Fruit & Drink	**14** **NO SCHOOL** **PT CONFERENCES**	**15** Pizza Salad Fruit & Drink
18 Taquitos (Papa Con Chorizo) Beans Fruit & Drink	**19** Quesadilla Explosion Salad Fruit & Drink	**20** Green Enchiladas Refried Beans Fruit & Drink	**21** Spaghetti w/meat sauce Salad & bread Fruit & Drink	**22** Pizza Salad Fruit & Drink
25 Chicken Teriyaki bowl Fruit & Drink	**26** Sloppy Joe Bake fries Fruit & Drink	**27** Sweet Potato and Black beans Bowl Fruit & Drink	**28** Haystacks Veggies Fruit & Drink	**29** Pizza Salad Fruit & Drink

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)*
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)

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Child's name	Grade

PLEASE MARK (X) FOR LUNCH DATES or SUB#.　　　　　　　　　　　　　　　　　　　　　　　October total lunches: 20

F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29

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

FOR LUNCH STAFF USE ONLY -

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