

Scenic Hills Christian Academy  
**SEPTEMBER 2019**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>2</b> <b>LABOR DAY</b>	<b>3</b> Pupusa Salad Fruit & Drink	<b>4</b> Mac & Cheese Veggies Fruit & Drink	<b>5</b> Sub Sandwich Chips Fruit & Drink	<b>6</b> Pizza Salad Fruit & Drink
<b>9</b> Enchiladas Rice & Beans Fruit & Drink	<b>10</b> Sloppy Joes Baked Fries Fruit & Drink	<b>11</b> Tostadas Rice Salad Fruit & Drink	<b>12</b> Fried Chik Mashed Potatoes Green Beans Fruit & Drink	<b>13</b> Pizza Pasta Salad Fruit & Drink
<b>16</b> Crunch Burrito Rice Fruit & Drink	<b>17</b> Quesadillas Veggies Fruit & Drink	<b>18</b> Baked Potato Chili Fruit & Drink	<b>19</b> Haystacks Veggies Fruit & Drink	<b>20</b> Pizza Salad Fruit & Drink
<b>23</b> Chow Mein Noodles Veggie Eggrolls Fruit & Drink	<b>24</b> Taqitos Rice & Beans Fruit & Drink	<b>25</b> Penne Pasta Bread Salad Fruit & Drink	<b>26</b> Hotdogs Baked Fries Fruit & Drink	<b>27</b> Pizza Salad Fruit & Drink
<b>30</b> Ravioli Bread 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 ( <i>Fieldtrip lunch</i> )	SUB #3
Burrito	Deli Sandwich	Veggie Chicken Salad

- **Prepaid regular lunch:** \$4.00 for Prek 3- Kinder, \$5.00 for 1<sup>st</sup>- 12<sup>th</sup>. 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#.**

**September total lunches: 20**

M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M
2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30

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

**FOR OFFICIAL USE ONLY**

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