

Scenic Hills Christian Academy

OCTOBER, 2020

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|--|--|---|--|
| | | | 1 Bake Potato & Chili Fruit & Drink | 2 Pizza Salad Fruit & Drink |
| 5 Soft tacos Rice & beans Fruit & Drink | 6 Sub sandwich Chips Fruit & Drink | 7 Ravioli Salad & bread Fruit & Drink | 8 Bean & Cheese burrito Nachos Fruit & Drink | 9 Pizza Salad Fruit & Drink |
| 12 COLUMBUS DAY NO SCHOOL | 13 Tostadas Rice & veggies Fruit & Drink | 14 Mac'n cheese Veggies Fruit & Drink | 15 Fried chick Mashed potatoes Veggies Fruit & Drink | 16 Pizza Salad Fruit & Drink |
| 19 Chicken Teriyaki bowl Fruit & Drink | 20 Quesadillas Green beans Fruit & Drink | 21 Enchiladas Rice & beans Fruit & Drink | 22 Spaghetti w/sauce Salad & bread Fruit & Drink | 23 Pizza Salad Fruit & Drink |
| 26 Taqitos Rice & beans Fruit & Drink | 27 Sloppy Joe Bake fries Fruit & Drink | 28 Chicken Alfredo Salad & bread Fruit & Drink | 29 Haystacks Veggies Fruit & Drink | 30 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) | SUB #3 |
|---------|--------------------------|---------------|
| Burrito | Sandwich | Chicken Salad |

- Lunch fee: K3-Kinder, \$4.00; 1st – 12th, \$5.00. 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 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 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 |
|--------------|-------|

PLEASE MARK (X) FOR LUNCH DATES or SUB#.

October total lunches: 21

| TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
|----|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 5 | 6 | 7 | 8 | 9 | 12 | 13 | 14 | 15 | 16 | 19 | 20 | 21 | 22 | 23 | 26 | 27 | 28 | 29 | 30 |
| | | | | | | | | | | | | | | | | | | | | | |

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

FOR LUNCH STAFF USE ONLY -Received:

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