

Birthday Celebration Form

Celebrate your child's Birthday



Child's Name: _____

Date of Celebration: _____

Classroom Teacher _____

Payment Method Check or off account _____

Items for Birthday order _____

Please give us 1 day notice

Items available include

- #1 Cookies (Chocolate Chip).50 each(\$6.00dozen)
- #2 Ice cream novelties .50 each or \$6.00 dozen
- #3 Bug Bites or #4 Scooby Bones .50 ea
- #5 8oz Carton of Milk or #6 100% Fruit Juice Box .60 ea

**All items meet the Choose Sensibly Guidelines set by New York School Nutrition Association
Less than 7 grams fat, 2 grams saturated fat, 15 grams sugar & 360 milligrams sodium**

Batavia City School District

343-2480 x1007

John Kennedy School

X5005 bwright@bataviacsd.org

Jackson School

X4005 pdiflippo@bataviacsd.org

X4005