

Camper's Name: _____ Week Of: _____

Camp Location: (Circle One): Perkins St. Paul Downtown

Please fill out this food order form and give to a staff member at carpool the first day of each week.

Please initial next to your choices:

___ My child is going to be on the "food plan" which is a discounted plan for lunch and snack - \$30/week. This includes all lunches and camp snack (not breakfast and not aftercare snack - mark the chart if you want those also.)

___ I have selected exactly which times my child may eat camp food.

___ My child may not eat any camp food - I will send everything.
(I understand that if my child comes with no lunch, he/she will be fed and my account will be charged.)

___ My child may have seconds if he/she wishes – I realize I will be charged.

___ My child may purchase any additional food he/she chooses each day.

Day (Yes or No?)	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Snack					
Aftercare Snack					

Please mark "YES" or "NO" in each box. If you mark yes, we will provide for that day, so please mark the days that you want us to provide food. If you are allowing your child the option of eating that day but not requiring it, just initial above by "My child may purchase any additional food."