



CLASSROOM BIRTHDAY TREAT ORDER FORM

Elementary & Intermediate School Only

****Orders must be place at least TWO WEEKS in advance****

Please submit payment with order form

Make checks payable to The School District of Amery

Today's Date: _____

Date of Celebration: _____

Your Name: _____

Your Phone Number: _____

Child's Name: _____ **Child's Grade:** _____

Teachers Name: _____ **School:** _____

Prior Approval from Teacher is REQUIRED

****Please select only 1 food item***

Item	Allergens	Quantity	Price (Each)	Total Price
Ice Cream Cone Birthday Cake flavor	Milk, Wheat, Soy		\$1.00	
Ice Cream Cup Vanilla	Milk		\$.50	
Frosted Sugar Cookie w/ Sprinkles	Wheat, Egg, Milk, Soy		\$.70	
Rice Krispie Treat	Milk, Soy		\$.75	
Oreo Cookie 2ct/pack	Wheat, Soy		\$.50	
Mixed Fruit Cup			\$.80	
Sidekick-Frozen Slushie Cups Kiwi/Strawberry			\$.75	
Blue Raspberry Sorbet Cups			\$.75	
Scooby Snack Cinnamon Sticks	Wheat, Soy		\$.50	
Total Amount Due:				

All treats will be delivered to your child's classroom on the date listed above during snack time

****All napkins and utensils will be provided****