

Breakfast/Morning Milk
5K-5th Grade

Breakfast is offered to all Elementary School students every morning that school is in session. Each student will have the option of enrolling in the meal program **OR** milk only. The cost of Breakfast is \$1.15 per meal for full-pay students. The milk only option will cost \$.30 per day and is replacing the Snack Milk program. Parents **MUST** deposit money in their child's meal account to participate in this option. A Full year of milk only will be roughly \$53/year (\$26.50 /semester).

If a student is eligible for a free or a reduced price lunch, they will receive the Breakfast meal for **free, if they are signed-up for the program**. Free and reduced price eligible students must take the full breakfast meal, **not** just a milk, in order to receive their free benefit. **Students taking just milk and refusing the full meal will see a \$.30 charge on their meal account.** In addition, parents may also want to deposit \$2 to their student's meal account to be used for fieldtrip milk purchases to go with their bag lunches.

Please be aware that students have only one food service meal account, and that the Breakfast (\$1.15), Milk Only Option (\$.30) and the Lunch (\$2.10 full-pay; \$.40 reduced price) purchases are charged to this one account as well as any extra milk that is purchased during lunch (\$.30)

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*****Please return to school at Registration OR As Soon as Possible*****

Please Register My Student(s) to Receive the Breakfast.

Please Register My Student(s) to Receive the Morning Milk only.

Milk choice:

Student Name: _____ Grade: _____ white chocolate

Student Name: _____ Grade: _____ white chocolate

Student Name: _____ Grade: _____ white chocolate

Please have a conversation with your student(s) about the program so that they understand your expectations. Please check your student's account *at least* one time each month to ensure your student is served and charged accurately.

Guardian Signature

Date

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*****Please return to school at Registration OR As Soon as Possible *****

Opt Out

My student(s) **will not** be participating in **either** the Breakfast or Milk Only program. **I understand that if my student takes milk or a meal during this breakfast, his/her meal account will be charged \$.30 or \$1.15 respectively.**

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please have a conversation with your student(s) about the program so that they understand your expectations. Please check your student's account *at least* one time each month to ensure your student is served and charged accurately.

Guardian Signature

Date