

Family Foundations Academy
Meal Prepayment Form

Weekly prepayment of your child's meals is **STRONGLY RECOMMENDED**.

This form **MUST** accompany all monies intended to prepay for your child's meals.

(1st) Child's Name: _____ (2nd) Child's Name _____

Teacher: _____ Amount Enclosed: \$ _____ Date: _____

Please fill in the date, amount paid for each meal.

Hot meals and Pizza must be paid for at least ONE DAY IN ADVANCE. (Any return checks will be charged \$35.00)

If you are NOT paying for a meal on a certain day, please place an X through that box.

WEEK # 1:

Fill in Date: Ex. (10/05/07)	Date:	Date:	Date:	Date:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast \$2.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:
Lunch \$3.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:

WEEK #2:

Fill in Date: Ex. (10/05/07)	Date:	Date:	Date:	Date:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast \$2.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:
Lunch \$3.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:

If there is a past due balance, any money presented will be applied to the past due balance.

This form can be faxed or emailed if needed

Thank you for your cooperation.

Please fill in the date, amount paid for each meal.

Hot meals and Pizza must be paid for at least ONE DAY IN ADVANCE. (Any return checks will be charged \$35.00)

If you are NOT paying for a meal on a certain day, please place an X through that box.

WEEK # 3:

Fill in Date: Ex. (10/05/07)	Date:	Date:	Date:	Date:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast \$2.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:
Lunch \$3.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:

WEEK #4:

Fill in Date: Ex. (10/05/07)	Date:	Date:	Date:	Date:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast \$2.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:
Lunch \$3.00 Extra Drink \$0.25	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:	Amount Paid:

If there is a past due balance, any money presented will be applied to the past due balance.

This form can be faxed or emailed if needed

Thank you for your cooperation.