QUEEN OF THE ROSARY SCHOOL MILK ORDER FORM **2024-2025**

NAME OF STUDENT (Please Print)	ROOM	GRADE	*(W, C OR S)
	_		
W (white)	S (skim) C (chocol	ate)	
**Please think about what type of milk your child order has been submitted to the dairy.	would like, as we	will not be mak	king changes after the
Pricing:			
• \$25.00 for the year for students enrolled in	the 5 day a week p	re-school prog	ram and grades K-8.
• \$20.00 for 3 day a week preschool.			
 *Students in the full day pre-school have th lunch. 	e option of orderin	g 2 milks (\$50.0	00;) 1 for snack and 1 for
Form and payment (cash or check) should be re Checks made payable to Queen of the Rosary.		<u>-</u>	
Total Enclosed: \$ □ cash □ che	ck		
Parent Signature			