

Birthday Treat Order Form



Please return to the school office no later than 2 weeks before the child's birthday.

Child's Name _____

Class/Teacher _____

Birthday/ Date of Party _____

Summer Birthday? Pick a day to celebrate at school: _____

Mark an X by the item of your choice:

\$7.00 per class (Early Start) / \$3.50 per class (Early Childhood)

_____ Chocolate Chip Cookie

_____ WG Cheez-its

_____ Elf Grahams

_____ Animal Crackers

Family Member paying for birthday treats _____

