Lunch Selection

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates  | Monday | Tuesday | Wednesday  | Thursday  | Friday |
|  | Hot JP Cold | Hot JP Cold | Hot JP Cold | Hot JP Cold | Hot JP Cold |
| W/C **16/4/18** |  |  |  |  |  |
| W/C **23/4/18** |  |  |  |  |  |
| W/C **30/4/18** |  |  |  |  |  |
| W/C **7/5/18** | **BANK HOLIDAY** |  |  |  |  |
| W/C **14/5/18** |  |  |  |  |  |
| W/C **21/5/18** |  |  |  |  |  |

My Child will bring a packed lunch from home on the following days…………………………………………………………………

Child’s name……………………………………………………………………..

Please tick the appropriate box for each day for the weeks shown above and return form to Sarah in the office.

My child does / does not have any food allergies……………………………………………………………………………………………….