

Bellmore-Merrick Dept. of Cafeteria Services
PRE-PAY LUNCH FORM

Date _____

Child's First, Last Name _____

Your First, Last Name _____

Grade _____

School Attending _____

Opening Dollar Amount _____

INSTRUCTIONS:

1. Fill out form completely

2. **Please do not exceed \$100. Hot or Cold Lunch Combo's are \$2.75 for SY 2014-2015**

3. Make check payable to: **BMCHSD**

4. Please write your child's first and last name on the check.

5. Staple the check to this form and return it directly to the lunch room manager

6. Your child will be notified verbally when his or her account is below the \$5.00 mark

7. Supplemental funds should be handed in to the Lunch Room Mgr/Cook.

8. **A \$4.00 fee will be collected or debited from acct should your check be returned for any reason.**

9. When Permanent Student ID Cards are issued in October, **ALL PRE-PAY customers must use their Student ID Card to check out their purchases at the register.**

LUNCH ROOM MANAGERS:

GRAND AVENUE:	Maureen Lipinski	992-1137
MERRICK AVENUE:	Patty Owens	992-1237
CALHOUN H.S.:	Deborah Dempsey	992-1337 (Also prepares MAPS Lunch)
JFK H.S.:	Jennifer Henning	992-1437
MEPHAM H.S.	Celia Renschak	992-1537 or 992-1557
DIRECTOR	Nancy D. Muth	992-1030