



IJP/COUNTRY HOUSE MILK/DRINK SIGN UP

2017-2018 SCHOOL YEAR
(Please submit by August 15, 2017)

STUDENT NAME: _____ GRADE: _____

PARENT OR GUARDIAN NAME: _____

CONTACT PHONE NUMBER: _____

E-MAIL: _____

CREDIT CARD NUMBER: _____

CC EXPIRATION: _____ CVV NUMBER: _____

BILLING ZIP CODE: _____

PAYMENT AMOUNT: **\$50.00**

Daily Beverage includes student's daily choice of White Milk, Chocolate Milk, Bottled Water or Juice when offered.

Please scan and email to hotlunch@ijpschool.org

OR

Call all information in to the restaurant at (708) 389-4618
(Ask to speak to someone about the IJP lunch program)

THANK YOU!!!!!!!!!!!!!!!!!!!!!!