


**City of St. Charles School District
Birthday Treat Form**



chartwells
serving up happy & healthy

Date of Event: _____ School: _____

Name of Student: _____ Teacher: _____

Name of Customer: _____

Phone Number: _____ E-Mail: _____

Treat selected: One per Class

- \$.70 Each Fresh Apple or Banana
- \$.70 Each Crazy Color Fruit Roll Up
- \$.90 Each Chocolate/Vanilla Ice Cream Cup/Slushie
- \$.90 Each Double Chocolate Chip Muffin
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We would appreciate a 2 day advance notice for the birthday treats. Payment must be received prior to receiving the birthday treats. Sorry, no charging allowed.

Completed by the Manager

No. of Students in the Class _____ x _____ = Amount Owed:
\$ _____

Amount Paid on _____.

Allergies in the classroom: _____ (completed by Manager)

The Food Service Department at The City of St. Charles School District is committed to providing the highest quality service possible.