

Amherstview Public School Milk Program

**Kindergarten Order Form**



**Child's Name:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**Amount enclosed:**

\$ \_\_\_\_\_ **cash** (EXACT CHANGE in a sealed envelope or baggie please)

**OR** \$ \_\_\_\_\_ **cheque** (made payable to Amherstview Public School)

The cost to receive milk **every school day** from **Tuesday, October 1<sup>st</sup> through to Friday, November 29<sup>th</sup>** will be **\$33.00**.

*To receive milk only on **TUESDAYS and THURSDAYS** of the above weeks, the cost will be **\$17.00**.*

Please **indicate the type of milk** that you would like your son/daughter to have each month (**white or chocolate**).

**October**

**White**

**Chocolate**

**November**

**White**

**Chocolate**

**Please submit your order before Thursday, September 26<sup>th</sup>.**

Thank you! Merci!

Mme Justine Carlone & Mme Meagan Midghall  
AVPS Milk Program Co-ordinator  
613-389-0628