

# **MEAL PROGRAM POLICY 2015-2016**

New LA is committed to providing school environments that promote and protect children's health, well-being and ability to learn by supporting healthy eating.

We ask that all families submit the Application For Free and Reduced-Price Meals, even if you may no participate in the meal program.

## Families Participating in the Meal Program

Included you will find the **MEAL ORDER FORM**, please complete this form if you wish for your child to participate in either the breakfast and/or lunch program. If you do not submit a **Meal Order Form** your child will not be receiving a meal.

### **Breakfast Program**

Breakfast at New LA consist of a daily breakfast item, fruit and milk. It will be served at 7:30am thru 8:00am (NO EXCEPTIONS). Students must follow all New LA policies while in the cafeteria after 7:45am, this includes Dress Standards and Cellphone Use Policy.

## **Lunch Program**

Lunch at New LA consist of a regular, dairy free or vegetarian meal option, fruit, vegetable and milk. If your child has severe food allergies we recommend bringing a packed lunch. If planning to bring a packed lunch, please bring food that does not require a microwave, refrigeration or hot water and make sure the student has their lunch with them at the beginning of the school day. PLEASE DO NOT DROP OFF LUNCH IN THE MAIN OFFICE.

Group lunches or parties are not allowed at New LA during Lunch Time.

**Lunch WILL NOT be served on the Early Dismissal Tuesdays (12:35pm).** If your child stays for the After School Program they must bring their own meals on these days.

During Field Trips lunch will only be provided if indicated on the order form.

#### **PAYMENTS**

You will find the Payment Plans for *Full Priced* or *Reduced Price* Families. In order to continue enrollment in the meal program, payment is due monthly by the day indicated on the plan. At the end of each month, balances will be billed for all meals received by Full and Reduced pay students. If your bill is not paid by date indicated on the form, we will discontinue your participation from the meal program and meals will not be ordered for your child until the balance is paid.

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#### **MEAL PAYMENT PLAN 2015-2016**

Families that do not qualify for free meals must pay monthly to continue participation of in the meal program.

We accept checks or cash. If submitting payment by check, please make the check payable to **New Los Angeles Charter School**. Your check number will serve as your receipt. If submitting payment by cash, please be sure to obtain a receipt from our receptionist in the Main Office.

If you have any questions, please contact the Main Office at 323-939-6400.

#### **REDUCED-PRICE FAMILIES**

	Days	Breakfast	Days	Lunch	Payment
	Serving	Price	Serving	Price	Due
	Breakfast	(\$.30/day)	Lunch	(\$.40/day)	Date
August	10	\$ 3.00	10	\$ 4.00	Monday, August 3
September	20	\$ 6.00	19	\$ 7.60	Friday, August 21
October	21	\$ 6.30	20	\$ 8.00	Friday, September 18
November	15	\$ 4.50	14	\$ 5.60	Friday, October 16
December	12	\$ 3.60	10	\$ 4.00	Friday, November 13
January	13	\$ 3.90	13	\$ 5.20	Friday, December 11
February	20	\$ 6.00	19	\$ 7.60	Thursday, January 14
March	15	\$ 4.50	13	\$ 5.20	Friday, February 12
April	20	\$ 6.00	19	\$ 7.60	Wednesday, March 16
May	21	\$ 6.30	20	\$ 8.00	Friday, April 22
June	8	\$ 2.40	7	\$ 2.80	Friday, May 13
Annual Total	175	\$ 52.50	164	\$ 65.60	

#### **FULL-PRICE FAMILIES**

	Days	Breakfast	Days	Lunch	Payment
	Serving	Price	Serving	Price	Due
	Breakfast	(\$2.75/day)	Lunch	(\$3.75/day)	Date
August	10	\$ 27.50	10	\$ 37.50	Monday, August 3
September	20	\$ 55.00	19	\$ 71.25	Friday, August 21
October	21	\$ 57.75	20	\$ 75.00	Friday, September 18
November	15	\$ 41.25	14	\$ 52.50	Friday, October 16
December	12	\$ 33.00	10	\$ 37.50	Friday, November 13
January	13	\$ 35.75	13	\$ 48.75	Friday, December 11
February	20	\$ 55.00	19	\$ 71.25	Thursday, January 14
March	15	\$ 41.25	13	\$ 48.75	Friday, February 12
April	20	\$ 55.00	19	\$ 71.25	Wednesday, March 16
May	21	\$ 57.75	20	\$ 75.00	Friday, April 22
June	8	\$ 22.00	7	\$ 26.25	Friday, May 13
Annual Total	175	\$ 481.25	164	\$ 615.00	



# **MEAL ORDER FORM**

# Please read this form carefully and check all that apply.

STUDENT NAME _			GRADE
☐ I wish for my ch	ild to participate	in the <i>Breakfast Pro</i>	gram
☐ I wish for my ch	ild to participate	in the <i>Lunch Prograi</i>	n
Meal Type:	☐ Regular	☐ Vegetarian	
	☐ Dairy Free	☐ No Beef/Pork	
Allergies:			
-			
When attending with a lunch.	g a Field Trip, I wil	ll like for New LA to p	provide my child
I will like the abov	e order for the:(	☐ For the Entire 201	5-2016 School Year
	ſ	☐ Month of	
By signing this Ord PROGRAM POLICY		with all the guidelin	es on the MEAL
Parent/Guardian			
	Please	Print Name	
Parent/Guardian	Signature		
Date:		_	