

MILK MILK MILK MILK MILK MILK MILK MILK MILK MILK

JANUARY MILK ORDER FORM

Fill in **NOW** and return to school by **Wednesday, December 20, 2017**

No late orders please.

CHILD'S NAME	GRADE	WHITE CHOC.	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W		
Weekly Totals			#milk _____					# milk _____					# milk _____					# milk _____					#milk _____				
Monthly Total			_____ # of white milk x .70 = _____ _____ # of choc. milk x .80 = _____															Cost of white _____ Cost of choc.+ _____ ----- Monthly total \$ _____									

*Please make cheques payable to T.B.C.S. Student Fund *Jan. 1-5 - Christmas Holidays, Jan. 26-PD Day (NO SCHOOL)*
 Please note: If you are choosing to alternate white and chocolate milk - please choose same days each week as a monthly schedule is made up for the classroom. Eg. White-every Monday-Thursday, Chocolate-every Friday