


Child Nutrition

Pizza Party Order Form

This form is utilized to allow classrooms to have pizzas delivered for student celebrations. **Please submit this form at least 1 week prior to your pizza party so staff can adequately prepare meals and order food products in time for your party. Any changes or last-minute add-ons need to be communicated to your cafeteria manager at least 1 day prior to your delivery date.**

Teacher or Staff-Member Name: _____ Contact Number or Email: _____

Room Number : _____ Date of pizza party: _____

Total # of student meals needed: _____

Total # of additional staff meals needed: _____
 (Note each meal will be expected to be paid for prior to your party.)

Entrees

Please write down the # of pies needed for each kind of pizza. **Only 1 slice will be provided free per student unless paid for prior to your party. There are 8 slices per pie.**

Entree Choice	# Needed
Cheese Pizza	_____
Pepperoni Pizza	_____
Allergy Entree; Please Specify: _____	_____

Milk

Please write down the # of students selecting each milk choice. **Only 1 milk will be provided per student.**

Milk	# Needed
1% White Milk	_____
Fat-free Chocolate Milk <i>or</i> Fat-free White Milk if E.I. Morris.	_____
Soy Milk (Dairy Allergy)	_____
Lactaid (Lactose Intolerant)	_____

All pizza deliveries will also be given a selection of cold fruits, vegetables, and/or juice. Before submitting this form to your cafeteria manager, please check to make sure your roster is attached with participating children checked off. Classrooms will be provided with gloves, pizzas, pizza cutter, serving and eating utensils, and condiments (I/A). Please ensure each child receives a pizza slice and at least one fruit, juice, or vegetable serving. Children can select up to all of the side and beverage offerings.

Is my roster attached with expected pizza party participation? (circle one). **Yes** **No**

For cafeteria use only:
 Please attach this form along with roster to production sheet or keep in a designated pizza party folder for documentation procedures.

Total Reimbursable Meals: _____ Bulk entry or Individual student name input? (Circle one)

Total Paid Meals: _____ Money received/charged for additional meals? (circle one) Yes No N/A

Amount Charged: _____

Manager Authorization: _____
 (Sign Here)