



# Milford

## Christian School

2024-25

### CAFETERIA AUTHORIZATION

*Small enough to be personal, large enough to be professional*

Student Name(s) \_\_\_\_\_

Dear Parents/Guardians,

In order to prevent surprise cafeteria charges, we kindly ask each family to fill out and return this Cafeteria Authorization form to the school office by June 30th.

Please check the option that you prefer for your child(ren):

1. My child(ren) may not charge. Their lunch will be supplied.
2. My child(ren) may charge if they forgot their lunch from home.
3. My child(ren) are permitted to charge. I will be responsible for the balance on the monthly statement. Please note that your child(ren) will not be permitted to charge if the balance is 30 days past due.
4. My child(ren) may purchase snacks/drinks on a Pay as You Go Basis. Please advise your child or their teacher of how many snacks you will allow them to purchase daily.

Lastly, please check the option of how you would like to receive the monthly cafeteria statement:

E-mail (Please write the preferred email in the space provided below.)

Preferred email: \_\_\_\_\_

Regular Mail (Please notify the office if your mailing address changes during the school year.)

Thank you for your cooperation.

Sincerely,

Milford Christian School  
Cafeteria Team