



25-26 Celebrate In A Healthy Way







Maurice River Township Elementary is committed to promoting healthy eating. To help ensure that our students are receiving healthy treats for their classroom celebrations, we are now offering approved foods that meet USDA guidelines called "Smart Snacks". "Smart Snacks" are lower in calories, fat, sugar and sodium.

You can purchase these snacks for your student by filling out the form below and returning it to their classroom teacher at least **two weeks before** the date of the celebration. All treats will be delivered directly to the classroom.

Choices of Snacks Are:

*Price Per Person:

1. Birthday Cake /Cookie Crumble Ice Cream Cone-**Circle One**  \$0.85
2. Ice Cream Eclair- **Circle One:** Chocolate/ Strawberry  \$0.85
3. Ice Cream Sandwiches- Vanilla \$0.85
4. Cotton Candy Ice Cream Bar \$0.85 
5. Push Up Pop- Rainbow \$0.85
6. Fruit Water Ice Cups \$0.85
7. Whole Grain Cookies- **Circle One:** Chocolate Chip or Carnival \$0.25 each 
8. Mickey's Pizza 16in Pizza Pie (8 slices)- **Circle One:** Plain / Pepperoni \$12.00
9. Assorted Chips \$0.85
10. Brookie (Brownie-Cookie) \$0.85

Please Contact Lisa Byrne, Director of Food Services, with any questions: 856-825-7411 Ext: 229

Prices subject to change

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School: _____ Date of Celebration: _____ Time: _____

Student's Name: _____ Teacher's Name: _____ Grade & Homeroom: _____

CHOICE OF SNACK(S) (CIRCLE): 1 2 3 4 5 6 7 8 9 10

CHOICE OF BEVERAGE (CIRCLE ONE): 1% MILK (.25¢) OR APPLE JUICE/FRUIT PUNCH (.25¢)

Snack Price _____ X Number of Students _____ = _____

Beverage Price _____ X Number of Students _____ = _____ **TOTAL COST = _____**

CELEBRATIONS MUST BE APPROVED BY THE BUILDING PRINCIPAL PRIOR TO ORDERING

Please make checks payable to: MRT Cafeteria. PAYMENT MUST BE INCLUDED WITH THE ORDER.

CASH PAYMENTS MUST BE MADE AT 3593 NJ-47, Port Elizabeth NJ 08348

Guardians and staff will be notified of approval through email and/or phone.

Guardian Signature _____ Phone #: _____ Email: _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Employee Purchase Order Number: _____ District Nutritionist Signature: _____ Approval Date: _____

**TEACHERS PLEASE SEND THIS FORM AND PAYMENT TWO WEEKS IN ADVANCE IN AN ENVELOPE TO: Lisa Byrne
Lisa Byrne Director of Food Services**