

**JEC/BRURIAH 2019-2020 (5780)
LUNCH PROGRAM**

**EARLY BIRD DEADLINE IS JULY 10, 2019
AFTER JULY 10th, REGULAR RATES ARE IN EFFECT**

Dear Parents:

We would like to advise you of plans for the lunch program for the 2019-2020 school year. We have decided to once again offer a special early bird price for **payment in full** by July 10, 2019. Please note that the only discount given, are to those who pay in full by July 10th. **Monthly payment plans are NOT entitled to the early bird discount.** For those of you who still have balances from the prior years, please make arrangements for payments. Any questions, please email jerusalempizza@hotmail.com

The discount will only be given if a check or credit card for full payment accompanies this form and is received by July 10, 2019.

Meal Plan (Nursery, K & primer).....\$875	Prior to July 10, 2019.....\$825
Meal Plan (Grades 1-5B/6G.....\$875	Prior to July 10, 2019.....\$825
Meal Plan(Middle & High School)...\$875	Prior to July 10, 2019.....\$825
Gluten Free\$975	Prior to July 10, 2019.....\$925
Dairy Free.....\$925	Prior to July 10, 2019.....\$875

PIZZA DAY PLAN – EVERY TUESDAY (INCLUDES FULL LUNCH)

Nursery, K & Primer.....\$250	Prior to July 10, 2019.....\$200
Grades 1-5B/6G.....\$250	Prior to July 10, 2019..... \$200
Middle & High School.....\$250	Prior to July 10, 2019.....\$200
Gluten Free\$300	Prior to July 10, 2019.....\$250

***Lunch fees are refundable/transferable until December 31, 2019,
but a 20% processing fee will apply***

There will be a \$35 fee for all returned checks

Enrollment form on reverse side

***Mail completed forms to: Jerusalem Restaurant
830 Perry Lane Teaneck, NJ 07666***

**ALL FORMS RECEIVED WITHOUT PAYMENT, WILL
BE RETURNED**

Please sign up my child(ren) for the JEC/BRURIAH lunch program for the 2019-2020 (5780) school year. Please check all that apply.

Name of Child _____ Grade in Sept _____

Divison _____ Full Meal Plan _____ Pizza Only _____

Name of Child _____ Grade in Sept _____

Divison _____ Full Meal Plan _____ Pizza Only _____

Name of Child _____ Grade in Sept _____

Divison _____ Full Meal Plan _____ Pizza Only _____

CHECKLIST:

- Enclosed is my check(s) for a one time payment or 10 postdated checks beginning July 10, 2019
- Please charge my credit card below for payment in full (A 3% Transaction Fee will be added)
- Please charge my credit card below for ten equal installments beginning July 10, 2019 (A 3% Transaction fee will be added) We accept Visa, Mastercard, American Express and Discover.

Credit Card No. _____

Expiration Date _____ Security Code (on back of card) _____

Billing Address _____ Zip Code _____

Parent's email address: _____

Parent Signature

Name-Please Print

Telephone #

Date

