



WELCOME TO THE SARATOGA CENTRAL CATHOLIC LUNCH PROGRAM

LUNCH ACCOUNT APPLICATION

**** Parent's Name:** _____

**** Parent's E-mail address:** _____

**** Parent's Cell # :** _____

*** Student's Name	Grade	Amount (to open)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**** Please fill out the information above for the person who will be responsible for providing the funds for the lunch accounts.**

***** List each child's name, grade and the amount you wish to open his lunch account. Lunch accounts may be deposited into throughout the year. Please send it in to school in an envelope marked with his/her name, grade, and the amount enclosed.**

Note: The student may use the funds in his/her account at any time for lunch ONLY.

**For questions: Contact Mary Angelini at 587-7070 ext. 114
or angelini@saratogacatholic.org**