



ST. JOSEPH PARISH SCHOOL

School Lunch Covenant – 2017-2018 School Year

Name _____

(Please Print)

Address _____

(Please Print)

Phone Number _____

The following hot lunch scale is based on \$2.85 per lunch and 180 school days. It will give you a better idea of what hot lunch costs based on the number of children you have and your average monthly or quarterly payment.

2017-2018 Hot Lunch			
K-6			
\$2.85 PER CHILD	First child	Second child	Third Child
180 SCHOOL DAYS	\$ 513	\$ 1,026	\$ 1,539
Monthly payment *	\$ 57	\$ 114	\$ 171
Quarterly payment **	\$ 128	\$ 257	\$ 385
*9 monthly payments - August through April			
** quarterly payments - August, November, February and May.			

Option 1:

_____ I will pay by cash/check monthly beginning in August and ending in May as needed. Payment for the next month must be paid by the end of the previous month.

Monthly payment amount \$ _____

Option 2:

_____ I will pay by cash/check quarterly by August 29, 2017, November 25th, 2017, February 25th, 2018, and May 9th, 2018. Quarterly payment amount \$ _____

Option 3:

_____ I hereby authorize St. Joseph Catholic Church and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until the ending date listed below or until I notify you in writing to cancel it in time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

Checking Account No. _____ or Savings Account No. _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

I authorize St. Joseph Catholic Church of Prescott to initiate electronic entries to my checking/savings account on the 19th of each month, and agree to the terms listed on the authorization. **If the 19th is on a weekend or Holiday, the payment will be the business day after.**

Monthly Payment Amount: \$ _____

Starting Date: August 19, 2017

Ending Date: May 19, 2018

Signatures: _____

Please include a voided check or deposit slip to confirm routing information. Thank You!

OFFICE USE ONLY:

Direct Certification	Reduced Lunch	Free Lunch

NOTES: