

# St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901  
(631) 727-1650 P – (631) 727-3945 F - sjp2regional.org

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## My Pizza Fridays

On Fridays each month, St. John Paul II Regional School families are offered the opportunity to purchase pizza for their child's lunch. **Pizza orders for the full year are taken in advance.** Permission slips with payments must be handed in no later than **Monday, September 10th.**

**Pizza Fridays will begin on September 14<sup>th</sup>, 2018.**

Our pizza vendor is Carlos Pizza located in Riverhead. One delivery is scheduled on every My Pizza Friday to ensure the pizza is hot for lunch and complies with health regulations. Any inquiries regarding the ingredients used in the pizza can be directed to Carlos Pizza at 631-369-2010.

Pizza is cheese pizza only (toppings are not available).

## Dates for 2018-2019

|                           |                                    |
|---------------------------|------------------------------------|
| <b>September:</b> 14, 21  | <b>October:</b> 5,19               |
| <b>November:</b> 2, 16,30 | <b>December:</b> 7, 19 (Wednesday) |
| <b>January:</b> 11, 18    | <b>February:</b> 8, 15             |
| <b>March:</b> 1,15,29     | <b>April:</b> 5,12                 |
| <b>May:</b> 10, 24        |                                    |

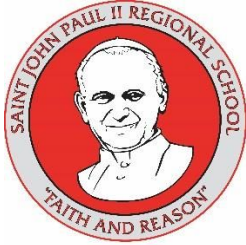
Please note:

1. Since all pizza is pre-ordered and pre-paid with the vendor, we are not able to issue refunds if a child is absent from school on any given Pizza Friday.
2. **My Pizza Friday orders are placed for the full year in September.** You must place your order for the entire period at one time.

## Food-Allergic Children

In accordance with the School policy on Life-Threatening Allergies, St. John Paul II Regional will not serve food of any kind to any child who has been diagnosed by an allergist with a life-threatening food allergy and/or has current EpiPen and/or Benadryl orders from a physician on file with the School Nurse for a food allergy.

If your child has an allergy, please see the main office for a Pizza Friday Waiver.



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## My Pizza Fridays

Child's name \_\_\_\_\_

Grade \_\_\_\_\_

Please fill out the following information:

\_\_\_\_\_ Slice(s) each day @\$2.50 a slice Cost per day \$ \_\_\_\_\_

OR

\_\_\_\_\_ 3 for \$6.50 per day Cost per day \$ \_\_\_\_\_ (option only available for grades 6-8)

Please tally up your cost and multiply the amount by **20** to find out the **TOTAL** cost for My Pizza Friday.

Total \$ \_\_\_\_\_

\*\*\*By signing below, I am stating my child does NOT have food allergies and can participate in My Pizza Friday. St. John Paul II Regional School is not responsible for unknown allergies.

\_\_\_\_\_

Parent's Name (Please Print)

Date

\_\_\_\_\_

Parent's Signature

Office:

Date Received: \_\_\_\_\_ Total Received: \_\_\_\_\_ Check Number: \_\_\_\_\_