August/September 2026 Family Lunch Order Form

Child Name #1 _____ Grade: _____
Child Name #2 _____ Grade: _____
Child Name #3 _____ Grade: _____
Child Name #4 _____ Grade: _____

Mark each child's initial in the box for the day that they intend to eat a catered lunch.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Mon Aug 24		Tues Aug 25		Wed Aug 26		Thurs Aug 27		Friday Aug 28	
Mon Aug 31		Tues Sept 1		Wed Sept 2		Thurs Sept 3		Friday Sept 4	
Mon Sept 7	***NO SCHOOL***	Tues Sept 8		Wed Sept 9		Thurs Sept 10		Friday Sept 11	
Mon Sept 14		Tues Sept 15		Wed Sept 16		Thurs Sept 17		Friday Sept 18	
Mon Sept 21		Tues Sept 22		Wed Sept 23		Thurs Sept 24		Friday Sept 25	

Total Lunches Ordered: _____
Total Amount Due to KCA Office
(Total No. of Lunches) x $5.00 = _____

How do you wish to pay?

_____ **I am enclosing a check for the entire amount of the month's lunches.**

_____ **I will pay weekly. Lunch payments are due on *Friday* for the following week.**

***All lunches should be paid for in advance.**

Office Use Only

Date _____

Amount Paid _____

Check # _____

Recorded in Ledger _____

Recorded in Daily Count _____