

**JEC/BRURIAH 2016-2017 (5777)  
LUNCH PROGRAM**

**EARLY BIRD DEADLINE IS JULY 10, 2016  
AFTER JULY 15th, REGULAR RATES ARE IN EFFECT**

Dear Parents:

We would like to advise you of plans for the lunch program for the 2016-2017 school year. We have added a **GLUTEN FREE AND DAIRY FREE** option. We have decided to once again offer a special early bird price for **payment in full** by July 10, 2016. 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.** Any questions, please email [jerusalempizza@hotmail.com](mailto: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, 2016.***

Meal Plan (Nursery, K & primer)....\$800	Prior to July 10, 2016.....\$750
Meal Plan (Grades 1-5B/6G.....\$850	Prior to July 10, 2016.....\$800
Meal Plan(Middle & High School)...\$850	Prior to July 10, 2016.....\$800
Gluten Free .....\$950	Prior to July 10, 2016.....\$900
Dairy Free.....\$900	Prior to July 10, 2016.....\$850

**PIZZA DAY PLAN – EVERY TUESDAY (INCLUDES FULL LUNCH)**

Nursery, K & Primer.....\$200	Prior to July 10, 2016.....\$180
Grades 1-5B/6G.....\$225	Prior to July 10, 2016..... \$200
Middle & High School.....\$225	Prior to July 10, 2016.....\$200
Gluten Free .....\$250	Prior to July 10, 2016.....\$225

***Lunch fees are refundable/transerable until December 31, 2016,  
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  
2016-2017 (5777) 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, 2016
- Please charge my credit card below for payment in full
- Please charge my credit card below for ten equal installments beginning July 10, 2016  
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