

**DEL MAR UNION SCHOOL DISTRICT  
CHILD NUTRITION SERVICES  
225 9<sup>TH</sup> STREET  
DEL MAR, CA 92014  
(858) 523-6170**

**MILK PROGRAM PAYMENT FORM**

**Instructions:** Please complete and return the following form to the address above, Attention: Child Nutrition Services. Please make checks payable to DMUSD.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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<b>Term</b>	<b>Amount</b>	<b>Date Due</b>
<input type="checkbox"/> First Semester Milk Account	\$45.00	September 4, 2009
<input type="checkbox"/> Second Semester Milk Account	\$45.00	January 22, 2010
<input type="checkbox"/> Annual Milk Account	\$90.00	September 4, 2009

Check Enclosed for \$ \_\_\_\_\_

***MILK IS INCLUDED WITH PRE-PAID LUNCHES***