



**FOOD FOR THOUGHT Organic Lunch Program Registration**  
 Complete this form to opt-in to the lunch program and/or to sign up for a soup subscription.

Student's First and Last Name	Grade	\$ Amount or work-trade	Please specify regular, gluten-free, dairy-free or vegetarian diet	Total

*Use this chart to calculate your payment(s). All monthly amounts are for 10 months from September 2019-June 2020.*

Kindergarten – 4 <sup>th</sup> grade	5 <sup>th</sup> grade – 12 <sup>th</sup> grade	4-Day Kindergarten
\$1,000 in full or \$100 10-pay	\$1,200 in full or \$120 10-pay	\$800 in full or \$80 10-pay
~\$6 p/meal	~\$7 p/ meal	~ \$6 p/meal

## Add a Soup Subscription!

This is one of our most popular offerings! Get a quart soup in a glass mason jar for \$8.50 when you sign up for subscription pricing (without a subscription, soups are \$10 each). Sign up to receive one, two, or more soups every week for 100% organic, bone-broth soups. You may pick up fresh on Wednesdays, or we can save your soups in the refrigerator or freezer until it is convenient for you to pick up.

Your Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

<input type="checkbox"/> 1 soup p/week  \$300 for the year \$30 10-pay	<input type="checkbox"/> Number of soups p/week _____ x 35 weeks x \$8.50 per week = _____  <input type="checkbox"/> In full <input type="checkbox"/> 10-pay
<input type="checkbox"/> 2 soups p/week  \$595 for the year \$60 10-pay	Total lunch(es) plus soup: _____  <input type="checkbox"/> In full <input type="checkbox"/> 10-pay

We hope you are ready to join the lunch program. If you have any questions, please feel free to contact Cara [cbergman@kimberton.org](mailto:cbergman@kimberton.org). Thank you for all who support this unique and special lunch program!

Please complete both sides of this form and return to the Business Office by August 30, 2019



## FOOD FOR THOUGHT LUNCH PROGRAM

NAME: \_\_\_\_\_

PLEASE CHOOSE YOUR PAYMENT DATE: 1<sup>st</sup> of Month      20<sup>th</sup> of Month      30<sup>th</sup> of Month

PLEASE CHOOSE YOUR PAYMENT METHOD:

### Credit Card / Debit Card

There is a 3% convenience fee added for credit/debit card payments.

VISA    MC    American Express    Discover

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I hereby authorize Kimberton Waldorf School to charge my credit card account designated above. This authorization will remain in effect until I complete the agreed upon payment or I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it. I understand that there will be a *3% convenience fee* added to the fee amount I am authorizing to charge for payment.

### ECheck - Electronic Debit

Please provide a blank voided check.

Name and Address of Financial Institution (Bank, etc.): \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_

Type of Account:     Checking     Savings

Account Number: \_\_\_\_\_

I hereby authorize Kimberton Waldorf School to debit funds from the account at the Financial Institution designated above and I further authorize the Financial Institution to debit the same to such account without responsibility for correctness of such amount. This authorization will remain in effect until I complete the agreed upon payment or I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it.

I agree to notify Kimberton Waldorf School at (610) 933-3635 ext. 128 if I wish to change the designated Financial Institution or account from which the funds are to be debited from 30 days prior to the effective date of such change.

Signature \_\_\_\_\_ Date \_\_\_\_\_