



2016-2017  
Classroom  
Celebration  
Snacks



Dear Parents and Guardians,

In an effort to allow the students to enjoy snack items at classroom and school wide celebrations during the 2016-2017 school year, please fill out the attached form and return to school by Friday, September 30<sup>th</sup>. Snacks for each celebration will be purchased and provided through the school cafeteria, Nutri Serv. The Tabernacle HSA will be collecting \$10.00 per student to pay for these celebration snacks for the entirety of the school year. Ingredient lists for each item being served at this years celebrations are included on the attached permission slips to make it easy for our parents.

Please note, you must initial yes or no next to every snack item to indicate permission for your child to eat the listed snacks as well as provide your signature and contact information at the bottom of the last form.

Please complete the attached permission slips and return to school with your \$10.00 payment by Friday, September 30<sup>th</sup>. **Cash or checks made payable to Tabernacle HSA will be accepted.**

Thank you for your participation in this new service for our students!

Fondly,  
The Tabernacle HSA  
TabernacleHSA@gmail.com

FALL CELEBRATION- October 31st

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

Teacher/Grade: \_\_\_\_\_

**Please initial next to every snack item listed below and indicate if your child may or may not eat each item.**

| Snack Item          | Parent Initials YES<br>By initialing yes, you are indicating that you understand that this snack will be provided to your child during the fall celebration and you give your permission for your child to eat the snack listed. | Parent Initials NO<br>By initialing no, you are indicating that your child may not have the snack item listed. You are welcome to provide an alternate snack for your child on this day. |
|---------------------|--|--|
| Smartfood Popcorn   |  |  |
| Bagged Apple Slices |  |  |

**SMARTFOOD POPCORN INGREDIENTS:**

Popcorn; Vegetable Oil (Corn, Canola and/or Sunflower Oil); Cheddar Cheese (Milk, Cheese Cultures, Salt, Enzymes); Whey; Buttermilk and Salt

**BAGGED APPLE SLICES INGREDIENTS:**

Sliced Apples; Apple Skins

WINTER CELEBRATION- December 23<sup>rd</sup>

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

Teacher/Grade: \_\_\_\_\_

**Please initial next to every snack item listed below and indicate if your child may or may not eat each item.**

| Snack Item                             | Parent Initials YES<br>By initialing yes, you are indicating that you understand that this snack will be provided to your child during the winter celebration and you give your permission for your child to eat the snack listed. | Parent Initials NO<br>By initialing no, you are indicating that your child may not have the snack item listed. You are welcome to provide an alternate snack for your child on this day. |
|--|--|--|
| Philly Pretzel Factory<br>Soft Pretzel |  |  |
| Chocolate Elf Grahams                  |  |  |

**PHILLY PRETZEL FACTORY SOFT PRETZEL INGREDIENTS:**

Bleached Enriched Flour (Wheat Flour, Malted Barley Flour, Niacin, Iron, Potassium Bromate, Thiamine Mononitrate, Riboflavin, Folic Acid); Water; Dough Conditioner (Whey [Milk], Corn Flour, Monocalcium Phosphate, L-cysteine Hydrochloride, Potassium Bromate); Yeast

**CHOCOLATE ELF GRAHAMS INGREDIENTS:**

Whole Wheat Flour; Enriched Flour (Wheat Flour, Niacin, Reduced Iron, Thiamin Mononitrate [Vitamin B1], Riboflavin [Vitamin B2], Folic Acid); Sugar; Vegetable Oil (Soybean and Palm Oil with TBHQ for freshness); Cocoa Processed with Alkali; Contains 2% or less of Calcium Carbonate; Artificial Flavor; Baking Soda; Dextrose; Salt; Molasses; Soy Lecithin; Vitamin A Palmitate; BHT for freshness

SPRING CELEBRATION- April 13<sup>th</sup>

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

Teacher/Grade: \_\_\_\_\_

**Please initial next to every snack item listed below and indicate if your child may or may not eat each item.**

| Snack Item            | Parent Initials YES<br>By initialing yes, you are indicating that you understand that this snack will be provided to your child during the spring celebration and you give your permission for your child to eat the snack listed. | Parent Initials NO<br>By initialing no, you are indicating that your child may not have the snack item listed. You are welcome to provide an alternate snack for your child on this day. |
|-----------------------|--|--|
| Giant Graham Goldfish |  |  |
| Bagged Baby Carrots   |  |  |

**GIANT GRAHAM GOLDFISH INGREDIENTS:**

Whole Wheat Flour; Unbleached Enriched Wheat Flour (Flour, Niacin, Reduced Iron, Thiamin Mononitrate [Vitamin B1], Riboflavin [Vitamin B2], Folic Acid); Sugar; Partially Hydrogenated Vegetable Shortening (Soybean and/or Cottonseed Oils); Crystalline Fructose; Contains 2% or less of: Cinnamon; Calcium Carbonate; Salt; Baking Soda; Ascorbic Acid; Iron; Vitamin A Palmitate; Niacin; Riboflavin (Vitamin B12); Thiamin Mononitrate (Vitamin B1); and Maltodextrin

**BAGGED BABY CARROTS INGREDIENTS:**

Baby Carrots

TES FUN DAY (June 2<sup>nd</sup>) / OMS FIELD DAY (June 8<sup>th</sup>)

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

Teacher/Grade: \_\_\_\_\_

**Please initial next to the snack item listed below and indicate if your child may or may not eat the item.**

| Snack Item    | Parent Initials YES<br>By initialing yes, you are indicating that you understand that this snack will be provided to your child during Fun Day and you give your permission for your child to eat the snack listed. | Parent Initials NO<br>By initialing no, you are indicating that your child may not have the snack item listed. You are welcome to provide an alternate snack for your child on this day. |
|---------------|---|--|
| Water Ice Cup |   |  |

**WATER ICE INGREDIENTS:**

Pineapple Juice from Concentrate (Micron Filtered Water and Concentrated Pineapple Juice), Apple Juice from Concentrate (Micron Filtered Water and Concentrated Apple Juice), Inulin (Vegetable Fiber), Natural Flavor, Citric Acid, Guar and Xanthan Gums, Calcium Hydroxide, Ascorbic Acid (Vitamin C), Annatto and Beta Carotene

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent phone #: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

\$10 Food Payment is enclosed: YES NO

***Please return this form with \$10.00 payment by Friday, September 30<sup>th</sup>***