

**ANNUAL MEAL PLAN
STUDENT ENROLLMENT FORM
(One per child)**

Child's Name: _____

School/Grade: _____

Breakfast: (✓ Selection)

Elementary - \$206.25 _____

Middle & High - \$247.50 _____

(available only at breakfast
serving schools)

Lunch: (✓ Selection)

Elementary - \$340.00 _____

Middle & High (Reg.) - \$382.50 _____

High School (Super) - \$467.50 _____

Parent's Name: _____

Address: _____

Telephone #: _____

Payment Type (Select one):

Cash/Money Order _____

Check _____

Credit Card:

 Visa _____ or Mastercard _____

 Account # _____ - _____ - _____ - _____

 Expiration Date ____/____/____

 3 Digit Security Code ____ ____ ____
(last three digits located on back of card)

Remit to:

**Carroll County Public Schools
Food Service Department
125 N. Court Street
Westminster, MD 21157**

Thank you for your participation in our meal plan program