

CARROLL COUNTY PUBLIC SCHOOL MEAL PLANS 2008 –2009 School Year

Two different meal plans will be available to students for the 2008-2009 school year. We encourage you to choose the plan that is most convenient for you. In addition to these plans, daily payment is always available. These plans are a convenient, simple way to ensure that your child will be eating a well-balanced, nutritious school lunch every day.

ANNUAL MEAL PLAN

Using this plan, parents can pay for their child's lunch in a one-time payment for the entire school year. We accept Visa, MasterCard, Money Order, Cash or Personal Check. The cost for a full year starting August 26, 2008:

Lunch:

Elementary	\$340.00*
Middle & High (Regular)	\$382.50*
High School (Super)	\$467.50*

* Reflects a 10 meal discount.

Breakfast - Only available at schools serving breakfast:

Elementary	\$206.25*
Middle & High	\$247.50*

*Reflects a 15 meal discount.

If your child attends a field trip please notify the cafeteria manager one (1) day prior to the event and a bagged lunch will be provided.

To enroll your child by cash, check or money order: complete an enclosed enrollment form (titled **Annual Meal Plan**) for each participating child. Check and money orders should be made payable to Carroll County Public Schools. Remit to CCPS, Food Service Department, 125 N. Court Street, Westminster, MD 21157. **(Please do not send to your child's school)**

To enroll your child using a VISA or

MasterCard: call 410-751-3040 or 410-751-3087 between 8:00 AM and 4:00 PM Monday through Friday, beginning July 1, 2008.

If you would like to have your child's plan in effect for the first day of school, we recommend that you order prior to August 22, 2008. Please note there are no refunds on this plan unless your child moves outside the CCPS system.

INSTALLMENT PAYMENT PLAN

Using this plan, parents can pay for their child's lunch through an easy direct debit from a checking or savings account. Payments will be withdrawn in equal monthly installments on the 25th of each month, August thru April. The monthly installment is as follows:

Lunch:

Elementary	\$40.00/month
Middle & High (Regular)	\$45.00/month
High School (Super)	\$55.00/month

Breakfast - Only available at schools serving breakfast:

Elementary	\$25.00/month
Middle & High	\$30.00/month

If your child attends a field trip please notify the cafeteria manager one (1) day prior to the event and a bagged lunch will be provided.

Installments are debited on the 25th of each month and cover meals to be served starting on the first day of the subsequent month. Enrollment forms must be received by the 20th of the month to secure your child's start date on the 1st day of the subsequent month. Applications received after the 20th will be processed on the 25th of the following month. If your bank rejects a debit twice, this plan will no longer be available to the student.

To enroll your child in this plan, complete the enclosed forms: **Installment Meal Plan Student Enrollment Form & Installment Meal Plan Authorization Agreement.** Remit the original signed forms with a voided check to: CCPS, Food Service Department, 125 N Court St. Westminster, MD 21157

We would like to thank you for your past participation in the Food Service Program, either through daily payment or one of our meal plans. If you have not been a past participant, please consider the options we are offering. We look forward to serving you again this year and hope that the "Lunch Program" will be a positive experience.

**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

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

Child's Name: _____

School/Grade: _____

Breakfast: (✓ Selection)

Elementary - \$25.00/mo. _____

Middle & High - \$30.00/mo. _____

(Available only at breakfast
serving schools)

Lunch: (✓ Selection)

Elementary - \$40.00 _____

Middle & High (Reg.) - \$45.00 _____

High School (Super) - \$55.00 _____

Parent's Name: _____

Address: _____

Telephone #: _____

PLEASE ATTACH A VOIDED CHECK

**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

**INSTALLMENT MEAL PLAN
AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize, Carroll County Public Schools/Food Service, hereinafter called COMPANY, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to initiate debit entries to my (our) checking/savings account indicated below.

(Financial Institution Name)

(Branch)

(Street address)

(City/State)

(Zip Code)

(Routing Number)

(Account Number)

Type of Account () Checking
() Savings

This authority is to remain in full force and affect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I can stop payment of any entry by notifying my FINANCIAL INSTITUTION at least 5 days before my account is to be charged. Futhermore, I (we) acknowledge that a \$10.00 Service Fee will be charged for early termination.

**Remit to:
Carroll County Public Schools
Food Service Department
125 N. Court Street
Westminster, Md. 21157**

(Authorized Signature)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM !