

**Immanuel Lutheran School
Lunch Notes & Payment Plans
2020-2021**

Student Prices: Meal: \$2.65 (includes milk) Milk only: \$0.50

Payments

September - April:

Lunch accounts are prepay only. Each family account should start out with a minimum balance of at least \$60/child. You may prepay up to \$125/child. Lunch charges are completed daily and you may view your current lunch balance in Sycamore. Email notifications will be sent when your family account balance is \$10 or less.

April-May:

As account balances start to get low in the spring of the year, accounts will transition into billable accounts so that at the end of the year you may make one final payment to bring your account balance to \$0. This helps the Lunch Program avoid having to refund overpayments as we are unable to have account balances carry over into the next school year.

Free / Reduced Lunch Program:

All families are encouraged to apply for free and reduced price student meals. If you are eligible for Free or Reduced Meals according to your income, please complete the application form and return it to Emily Anderson at the school office by Friday, August 28, 2020.

Please note: Free / reduced lunch benefits only apply to a full meal. If your child opts to bring a cold lunch and takes only a milk, you must pay for the milk, and no meal benefit is received for that meal.

Other Notes

Guests:

Advance notice is required for any guests wishing to have lunch. Due to the current pandemic lunch guests will be restricted. Guest meals must be paid on the day of the visit.

Adult: \$3.85 Child: \$2.65 payable to Silo Hot Lunch.

Volunteers:

Our lunch program relies on the valuable help of our dedicated volunteers. This year with increased standards for cleanliness, sanitation and safety in the meal preparation and serving process we are looking for additional volunteers. If you are willing to help out please indicate that on the form below or contact Jeanna Ellinghuysen at 507-450-6273.

Please complete & return to Emily Anderson at the school office by Friday, August 28, 2020

Family Name: _____

____ I acknowledge and agree to the meal payment plan. (Please enclose your first payment)

____ I will apply for the free / reduced lunch program. (Please enclose application)

____ I am willing to volunteer. Please contact me at: _____

Signature: _____ Date: _____