

Dear Parents,

 Our school provides milk for your child every day. We have our milk with our afternoon snack. Please indicate which you would like your child to have. If you decide to make a change during the year, please send me a note or email.

 Thank you,

 Mrs. Hicks

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ White Milk

\_\_\_\_\_ Chocolate Milk

\_\_\_\_\_ No milk for my child