



Solomon Schechter Kosher Birthday Cupcake Preorder Form



If your child(ren) will celebrate their birthday during the school year, Solomon Schechter is thrilled to offer you the opportunity to preorder cupcakes for the special day. If you choose not to order cupcakes through the school, any item brought in for celebration **MUST** be marked Kosher Dairy or Pareve and will be subject to inspection. Before ordering, please check with the School Office concerning children with special dietary needs in your child's class.

If you wish to order through the school, Solomon Schechter is excited to offer you a variety of cupcake options from our Kosher baker. All orders will be delivered directly to the school on the day of the celebration. To make it easy for you, once you place your child's cupcake order with the school office, everything is taken care of through the school and the baker. To ensure that your child will receive the cupcake flavor and frosting he/she likes, orders need to be submitted to the school at least 10 days before the date needed. All preordered cupcakes are \$35 for 2 dozen cupcakes. The price for 2 dozen cupcakes will be \$40 with less than 10 days notice. Below, you will find the list of cupcake flavors and frosting color options available. Please make your selections and return this form with prepayment to the school office, or to your child's teacher. Feel free to contact the school for more information or if you have any questions. We hope that we are able to assist in creating a wonderful birthday celebration for your child!



Cupcake Flavors
Vanilla
Chocolate

Frosting Options:
Vanilla (can be colored any color except bright red or black)
Chocolate

Decorations:
Sprinkles of any color or rainbow
Boy's or Girl's Theme
Contact school



Student Name: _____ Frosting Choice: _____

Parent Ordering: _____ Decorations: _____

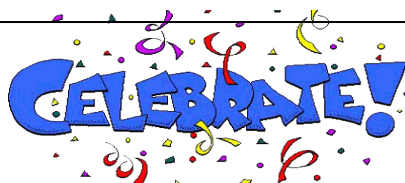
Birthdate or Celebration Date: _____ Cupcake Choice: _____

Method of Payment: () CC on File () CC Below () Check () Cash

Credit Card #: _____

Exp Date: _____ CCV #: _____ Billing Zip Code: _____

Signature: _____



Date Submitted: _____ Date Order Made: _____

Date Paid: _____ Office Initials: _____