



CAFETERIA SERVICES

Private School Lunch Program
 1430 Fresno Dr. San Antonio, Tx 78201
 Tel (210) 348-7667 Fax (210) 348-7668 cafeteriaservices@satx.rr.com

WINSTON SCHOOL YEAR 2020 - 2021

NO CREDITS THIS SCHOOL YEAR. ALL ACCOUNTS MUST BE PRE-PAID.

K - 2nd GRADE	\$4.30 per meal	WATER	0.85
3rd TO 5 th GRADE	\$4.80 per meal	MILK (WHITE/CHOCOLATE)	0.85
6th TO 8th GRADE	\$5.20 per meal	SNACKS (Granola, chips,cookies)	0.95
9th TO 12th GRADE	\$5.40 per meal	GATORADE/GREEN TEA	1.10
2nd ENTRÉE (SECONDS)	\$1.50		

GRADE	LUNCH ONLY			LUNCH & MILK		
	15 DAYS	1 MONTH	2 MONTHS	15 DAYS	1 MONTH	2 MONTHS
K to 2nd	64.50	86.00	172.00	77.25	103.00	206.00
3rd to 6th	72.00	96.00	192.00	84.75	113.00	226.00
7th to 8th	78.00	104.00	208.00	90.75	121.00	242.00
9th to 12th	81.00	108.00	216.00	93.75	125.00	250.00

MILK or WATER	
15 DAYS	1 MONTH
12.75	17.00
12.75	17.00
12.75	17.00
12.75	17.00

Debit Card Funding Form **PLEASE CUT AND SEND WITH PAYMENT**
CAFETERIA SERVICES WINSTON SCHOOL

RESPONSIBLE PERSON FOR PAYMENT: _____

MAILING ADDRESS: _____ ZIP CODE _____

TELEPHONE No. _____ ALT. TEL: _____ DATE: _____

<u>CHILD(REN) FULL NAME</u>	<u>ACCOUNT No.</u>	<u>GRADE</u>	<u>\$ AMOUNT SENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASH _____ CHECK No. _____ CREDIT CARD _____ DEBIT CARD _____

(Please send cash in sealed envelope with the name of your child on it.)

If you need to make a payment with credit or debit card, please call us @ 348-7667

YOU CAN ACCESS YOUR LUNCH ACCOUNT SIGNING IN AT: www.ezschoollapps.com/parentlogin.aspx



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CHILD'S NAME: _____
 Grade: _____

WINSTON SCHOOL

NAME ON CARD: _____

ZIP CODE: _____

ADDRESS: _____

TELEPHONE No. _____ ALT. TELEPHONE No. _____

CARD No. _____

EXP. DATE: _____

VISA

3 Digits _____

DISCOVER

3 Digits _____

MASTER CRD

3 Digits _____

DEBIT CRD

3 Digits _____

AMEX

4 Digits _____

I authorize Cafeteria Services to charge my Credit /Debit Card when my child's lunch acct reaches a low level of \$10.00

Authorized amount up to \$ _____

Authorized Signature _____

Date: _____

NOTE: Cafeteria Services shall treat this information in a confidential manner utilizing the information only for the purpose stated above.