

Pizza Friday

On Fridays every month, The Catholic Academy of Stamford families are offered the opportunity to purchase pizza for their child's lunch. **Pizza orders for the full year are taken in advance.**

Order forms with payments must be handed in no later than **Tuesday, September 3rd, 2024.**

Our pizza vendor is Westover Pizza II. There are two deliveries scheduled on every Pizza Friday to ensure the pizza is hot for both lunch periods and complies with health regulations. Any inquiries regarding the ingredients used in the pizza can be directed to Westover Pizza II at 203-569-0009.

Pizza is cheese pizza only (toppings are not available).

Please note:

1. Since all pizza is pre-ordered and pre-paid with the vendor, we are **not** able to issue refunds if a child is absent from school on any given Pizza Friday. If a child is not in class for their lunch period, their pizza will be donated to the classroom teachers.
2. **Pizza Friday orders are placed for the full year in September.** You must place your order for the entire period at one time.

Pizza Friday Dates for 2024-2025 (Total 33 Fridays)

September 2024 - 6th, 13th, 20th, 27th	4 - Fridays
October 2024 - 4th, 11th, 18th, 25th	4 - Fridays
November 2024 - 1st, 8th, 15th, 22nd	4 - Fridays
December 2024 - 6th, 13th	2 - Fridays
January 2025 - 3rd, 10th, 17th, 24th, 31st	5 - Fridays
February 2025 - 7th, 21st, 28th	3 - Fridays
March 2025 - 7th, 14th, 21st, 28th	4 - Fridays
April 2025 - 4th, 11th, 25th	3 - Fridays
May 2025 - 2nd, 16th, 30th	3 - Fridays
June 2025 - 6th	1 - Friday

1 slice per Friday ~ 33 x \$3 = \$99

2 slices per Friday ~ 33 x \$6 = \$198

3 slices per Friday ~ 33 x \$9 = \$297

Food-Allergic Children

If your child has a food allergy, please sign off on the "Allergy Child-Pizza Waiver".

Please return 2nd page only

Pizza Friday Order Form

Child's name _____

1 student per form please

Grade _____ Homeroom teacher _____

Please fill out the following information:

_____ Slice(s) each Friday @\$3.00 a slice- cost per day \$_____

Please tally up your cost and multiply the amount by 33 to find out the TOTAL cost for Pizza Friday.
Please make check payable to "The Catholic Academy of Stamford".

Grand total \$_____ Please circle payment: Check Cash FACTS

Allergy Child-Pizza Waiver

By signing below, I am stating that I have contacted Westover Pizza II and I am fully aware of ALL ingredients used. My child can participate in Pizza Friday regardless of pre-existing allergy medical conditions. The Catholic Academy of Stamford will not be held responsible should an allergic reaction occur due to pizza ordered with parental consent.

Initial here _____

Parent's Name (Please Print)

Date

Parent's Signature

Do not write below this line

Office Use only:

Total \$ _____ Check# _____ Date Received _____