



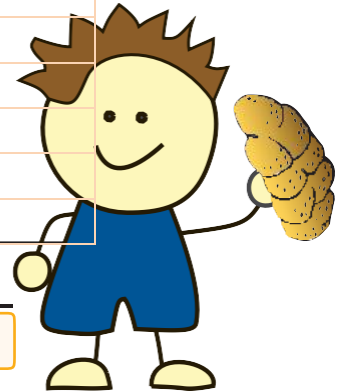
Challah Order Form

Child's Name: _____

Teacher's Name: _____

Please check the dates you'd like to receive challah:

Dates:	Quantity	Dates:	Quantity
Friday, January 6		Friday, March 24	
Friday, January 13		Friday, March 31	
Friday, January 20		Friday, April 14	
Friday, January 27		Friday, April 21	
Friday, February 3		Friday, April 28	
Friday, February 10		Friday, May 5	
Friday, February 17		Friday, May 12	
Friday, February 24		Friday, May 19	
Friday, March 3		Friday, June 2 (Full Day ONLY)	
Friday, March 10		Friday, June 9 (Full Day ONLY)	
Friday, March 17			



Quantity: _____ x \$6.00 = \$ _____
TOTAL Amount: \$

Please make checks payable to CJP-PTO

All order forms and money due 1 week prior to challah delivery date.

Challah will be delivered to your child's classroom on Friday mornings.

All challahs are from *Golden Grains Bakery, plain, and braided.

*while Golden Grains does not have a certified kosher kitchen there was no trayf used in its preparation.