



Challah Order Form

Child's Name: _____

Teacher's Name: _____

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

September:	8	15*	22*	29	
October:	6	13	20	27	
November:	3	10	17		
December:	1	8	15		
January	5	12	19	26	
February	2	9	16	23	
March	1	8	15	22	29
April	5	12	19		
May	3	10	17	24	31
June	7				

**Challahs ordered for these dates will be round for the High Holidays*

Quantity _____ **x \$6 = \$** _____

All charges will be made through Tuition Express.

I authorize the Charlotte Jewish Preschool to utilize my Tuition Express account to pay for the challah charge as indicated above.

Authorization signature & date: _____

All challah orders are due 1 week prior to delivery date. For example: to receive challah on Sept. 8th, you must return your order form by Sept. 1st. Challah will be delivered to your child's classroom on Friday mornings and be sent home with them. If your child is not in school on the Friday of your order, please make arrangements for pickup as we are unable to store the challah.

All challahs are from BJs, certified kosher, plain, and braided.