

Child's Name: __

Challah Order Form

Teacher's Name:					
Please check th	e dates you'd	l like to receive ch	allah:		
August:	1	8	15	22	29
September:	5	12	19*	26*	
October:	3	10	17	24	31
November:		7	14	21	
December:	5	12	19		
January		9	16	23	30
February	6	13	20	27	
March	6	13	20	27	
April		10	17	24	
May	1	8	15	29	
June	5				
*Challahs ordered	d for these dates wi	ll be round for the High Ho	olidays		
Quantity	x \$6	= \$			
All charges will b	e drafted throug	sh Procare.			
I authorize the Chindicated above.	narlotte Jewish I	Preschool to utilize my	Procare account to pa	y for the challah	charge as
Authorization sign	nature & date:_				

All challah orders are due 1 week prior to delivery date. For example, to receive challah on August 8th, you must return your order form by August 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 Golden Grains, plain and braided.

