



**ALEXANDRIA  
Public Schools**

**Our Mission**

To achieve educational excellence and to inspire a life-long passion for learning.

**Our Vision**

To be an extraordinary school district that tailors learning for each child, by working together!

**2020-2021 FREE KINDERGARTEN BREAKFAST AT SCHOOL ~ SCHOOL LUNCH ~ KINDERGARTEN MILK BREAK FEE**

Dear Kindergarten Parents/Guardians;

**Welcome to Alexandria Public Schools!** Your school participates in federal and state nutrition programs for your kindergarten student. Below are three programs available for your kindergartner starting school this year:

- Free School Breakfast for all kindergarten students!** Please join us in our school cafeteria for a free nutritious breakfast 20 minutes before the school day begins. (Breakfast is also available to students in grades 1 through 12 at each of the district school buildings and if your household qualifies for *either* free or reduced-price meal benefits, there is no charge for grades 1-12 breakfast; all other students pay a reasonable Meal Deal price for school breakfast!)
- National School Lunch Program:** A nutritious school lunch is available daily with plenty of fresh vegetable choices and fruit selections! If your household income qualifies for *either* free or reduced-price meal benefits, there is no charge for school lunch; all other students pay a Meal Deal price for school lunch.
- Minnesota Kindergarten Milk Break Program** is offered for classroom snack time. Kindergarten students may purchase milk for their break for a one-time fee of *only \$12.00 per student* for the entire school year! No refunds are given for absent days. **Milk provided is 1% and skim; no chocolate milk.** This state-supported program is voluntary. If you are interested in this program for your child **please make a separate check payable to Food & Nutrition Services and fill out the form provided below and return both to your child's teacher at kindergarten orientation**, indicating whether or not you wish to have your kindergarten child participate in the daily milk program.

\_\_\_\_\_ Yes, I would like my child to participate in the Kindergarten Milk Break Program.

I have enclosed \$12.00 to pay for the entire year.

→ **Please make checks payable to Food & Nutrition Services** and note KD MILK in the memo section of your check or on envelope.

\_\_\_\_\_ No, I have decided that my child will not participate.

Print Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Signature \_\_\_\_\_ Room Number \_\_\_\_\_ School \_\_\_\_\_

*This institution is an equal opportunity provider.*

**Food & Nutrition Services**