

FOR LUNCH PROGRAM USE ONLY

Student's Name _____

Teacher's Name _____

Room # _____

Full Time Part Time/Casual

BIRD'S HILL SCHOOL LUNCH PROGRAM

GRADES 1 - 5 REGISTRATION FORM

2019 / 2020

CHILD'S NAME _____ Birth Date _____ Grade in 19 / 20 _____
mm/dd/yyyy

Address _____ Postal Code _____ Home Phone Number _____

MOTHER/GUARDIAN NAME _____ Employer _____

Day Time Phone Number _____ Cell _____ Email _____

FATHER/GUARDIAN NAME _____ Employer _____

Day Time Phone Number _____ Cell _____ Email _____

EMERGENCY CONTACT (Parents will be contacted first)

NAME _____ Relationship To Child _____

Address _____ Phone Number _____

SPECIAL INSTRUCTIONS FOR MY CHILD - i.e. allergies, medications, medical (medical alert bracelet for example)

Please check one:

____ Student lives within 1.6 km of the school (please continue with REGISTRATION OPTIONS).

____ Student lives outside of the school catchment area (please continue with REGISTRATION OPTIONS).

____ Student lives within 1.6 km of the school and pays for bussing (please continue with REGISTRATION OPTIONS).

____ Student lives greater than 1.6 km from the school (please continue with ACKNOWLEDGEMENT).

Please notify the Lunch Program Coordinator, 204.663.7669, immediately of any changes to the above information.

REGISTRATION OPTIONS

Full time - the student will regularly be eating lunch at school 15 days or more per month

Part time - the student will be eating lunch at school 14 days or less per month

All unpaid fees from the 2018 / 2019 school year must be paid in full before registration for the 2019 / 2020 school year will be accepted.

