

**BERNIE WOLFE SCHOOL LUNCH PROGRAM
REGISTRATION FORM
2020/2021**

Name of Child: _____ Home Phone #: _____

Mailing Address: _____

Mother/Guardian: _____ Contact Number(s): _____

Father/Guardian: _____ Contact Number(s): _____

Emergency Contact: _____ Number: _____ Relationship to child: _____

Medical Number (6 Digit): _____ (9Digit): _____

Special instructions (Allergies, Medication etc.): _____

Please check one:

Grades 1 -5 Lunch program fees for 2020/21 are:

_____ Full-time: **\$130.00/year/student** with 3 payment options:
1) One (1) cheque in the amount of \$130.00, dated September 2020.
2) Two (2) cheques in the amount of \$65.00 each, dated September 2020
(for September to January) and January 1, 2021 (for February to June).

_____ Part-time: **20 stays for \$20.00**, payable by one (1) cheque, post-dated to July 1, 2020.

Kindergarten Lunch program fees for 2020/21 are:

_____ Full-time: **\$90/year/student** with 3 payment options:
1) One (1) cheque in the amount of \$90.00, dated September 2020.
2) Two (2) cheques in the amount of \$45.00 each, dated September 2020
(for September to January) and January 1, 2021 (for February to June).

_____ Part-time: **20 stays for \$20.00**, payable by one (1) cheque, dated September 2020.

Receipts will be issued in February. Please send exact payment as the Lunch Program does not make change or give refunds. The Lunch Program is not responsible for lost monies. Late payment will result in removal from the Lunch Program.

Please make cheques payable to: **BWS Lunch Program**.

****Payments must be submitted within 5 business days after the fall school start date for the 20/21 school year.**

My child and I have gone over the attached Policies and Rules and we understand them. I understand that if they are not followed, the privilege of my child participating in this program will be reviewed.

Parent/Guardian Signature _____ Date _____

I understand the rules of the Lunch Program and promise to follow them.

Child's signature _____