

**BERNIE WOLFE COMMUNITY SCHOOL LUNCH PROGRAM
REGISTRATION FORM
2019/2020**

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 2019/20 are:

_____ Full-time: **\$130.00/year/student** with 3 payment options:
1) One (1) cheque in the amount of \$130.00, post-dated to July 1, 2019.
2) Two (2) cheques in the amount of \$65.00 each, post-dated July 1, 2019.
 (for September to January) and January 1, 2020 (for February to June).
3) Nine (9) cheques in the amount of \$14.50 each, post-dated for the 1st of the
 month starting September 1, 2019 through to May 1, 2020. This option is
 only available if all nine cheques are received by June 28th, 2019.

_____ Part-time: **20 stays for \$20.00**, payable by one (1) cheque, post-dated to July 1, 2019.

Kindergarten Lunch program fees for 2019/20 are:

_____ Full-time: **\$90/year/student** with 3 payment options:
1) One (1) cheque in the amount of \$90.00, post-dated to July 1, 2019.
2) Two (2) cheques in the amount of \$45.00 each, post-dated July 1, 2019
 (for September to January) and January 1, 2020 (for February to June).
3) Nine (9) cheques in the amount of \$10 each, post-dated for the 1st of the
 month starting September 1, 2019 through to May 1, 2020. This option is
 only available if all nine cheques are received by June 28th, 2019.

_____ Part-time: **20 stays for \$20.00**, payable by one (1) cheque, post-dated to July 1, 2019

Receipts will be issued in February and June. 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: **BWCS Lunch Program.**
Return payment and the registration form by **Friday June 7, 2019.**

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 _____