

**FOR LUNCH PROGRAM USE ONLY**

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Room # \_\_\_\_\_

Full Time       Part Time/Casual

**ÉCOLE MARGARET UNDERHILL USER-PAY LUNCH SUPERVISION PROGRAM**

**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)

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Is there a sibling in the Lunch Program? \_\_\_\_ No \_\_\_\_ Yes Name \_\_\_\_\_ Grade \_\_\_\_\_

**Please notify the Lunch Program, 204.958.6832, immediately of any changes to the above information.**

**REGISTRATION OPTIONS**

Full time                    - the student will be eating lunch at school every day

Part-time                    - the student will be eating lunch at school on a less than full time basis

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\_\_\_\_\_ **My child will participate in the lunch program on the following basis (please check one):**

- \_\_\_\_\_ **Full time:**      \_\_\_\_\_ **1 cheque**                      \$74.40 per child, dated June 20, 2019; **OR**
- \_\_\_\_\_ **2 cheques**                      \$37.20 per child, date June 20, 2019 and Feb. 20, 2020 **OR**
- \_\_\_\_\_ **10 cheques**                      \$7.44 per child, dated June 20, 2019 and all subsequent cheques to be dated on the 20<sup>th</sup> of each month from Sept. 2019 to May 2020.
- \_\_\_\_\_ **Part time:**      \_\_\_\_\_ **1 cheque**                      \$8.00 for 10 days- Attendance record card will be kept at school, parent will be notified should more days need to be purchased.
- \_\_\_\_\_ **Casual:**                      **\$0.80** (exact change only) payable in cash to the UPLSP Coordinator on the day that the student is to stay for lunch.

**N.B. Please purchase part time days carefully.** Refer to section 1.09 Refunds. There are no refunds.

1. Please return a completed Registration Form for each child, along with the applicable payment to the School Office on or before May 17, 2019.
2. Please make cheques payable to: **EMU UPLSP. Please place your payment in a sealed envelope with your family name on the outside.**

**We prefer to receive payment by cheque as we are not responsible for lost or stolen cash.** Payment may be made by one (1) cheque for all children in one family. Individual cheques for each child are not required. Please note child's / children's names on the cheque to ensure payment is applied correctly to each student.

Late payment will result in removal from the Lunch Program.

**ACKNOWLEDGEMENT**

My child and I have gone over the attached Policies and Rules and we understand them. I understand that if they are not followed, my child may lose the privilege of participating in the Lunch Program.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                      Parent/Guardian Name (please print)                      Parent/Guardian Signature

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

\_\_\_\_\_                      \_\_\_\_\_  
Child's Name (please print)                      Child's Signature

**If you have any questions or concerns about the Lunch Program, please contact the École Margaret Underhill User-Pay Lunch Supervision Program Committee at 204.958.6832.**