

**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**

**2020 / 2021**

**CHILD'S NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in 2020 / 2021 \_\_\_\_\_  
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)

\_\_\_\_\_  
\_\_\_\_\_

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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