

Hampstead School Lunch Program Registration Form

Student Name	Date of Birth	Teacher	Room/Grade

Home Address: _____

Home Phone #: _____

Mother's Name: _____ Work Phone #: _____

Workplace: _____

Father's Name: _____ Work Phone #: _____

Workplace: _____

Emergency Contact: _____ Phone #: _____

Address: _____

Does your child have any medical, physical, or emotional concerns that the Lunch Program supervisors should be aware of?

Please Circle One: **FULL-TIME** **PART-TIME** **CASUAL**

Which days and/or how many days a week do you expect your child to use the lunch program?

AGREEMENT

I understand the Hampstead School Lunch Program has agreed to provide lunch room facilities and supervision for my child/children. I agree to pre-pay for my child/children to attend this USER-PAY facility. I agree that my child/children must cooperate with the Lunch Program supervisors in charge of the program or he/she may lose the privilege of remaining in the program.

Date: _____ Signature of Parent/Guardian: _____

****Receipts will be issued upon request.**