



**FOR LUNCH PROGRAM USE ONLY**

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

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

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

**POLSON SCHOOL LUNCH PROGRAM**

**Registration Form 2019-2020**

---

---

**CHILD'S NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Student's Six Digit Medical # \_\_\_\_\_ Nine Digit # \_\_\_\_\_

**PARENT / GUARDIAN NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**PARENT / GUARDIAN NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Work 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)

---

---

---

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

..... see reverse →

**\*\*\*\*\*KINDERGARTEN STUDENTS ONLY:**

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

- Full time:** \$93.00/yr for each child, payable in the following ways (please check one):
  - Payment in full – **reduced rate** – one cheque for \$88.00, dated June 14, 2019  
**Or**
  - Payment in full – **reduced rate** – one cheque for \$88.00, dated September 4, 2019  
**Or**
  - Eight cheques post-dated to the first of each month (\$16.00 dated September 4, 2019; \$11.00 each for subsequent 7 installments October 1 – April 1)  
**Or**
  - Exact cash or cheque received on the 1<sup>st</sup> school day of each month (\$16.00 dated September 4, 2019; \$11.00 each for subsequent 7 installments October 1 – April 1)
- Part time:** Cash or cheque for \$10.00 dated September 4, 2019 – provides for 10 days (equivalent of one day per month) of eating lunch at school per child.
- Casual:** \$1.00 per day payable the day your child is staying.

**\*\*\*\*\*GRADE 1 – 5 STUDENTS ONLY:**

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

- Full time:** \$186.00/yr for each child, payable in the following ways (please check one):
  - Payment in full – **reduced rate** – one cheque for \$176.00, dated June 14, 2019  
**Or**
  - Payment in full – **reduced rate** – one cheque for \$176.00, dated September 4, 2019  
**Or**
  - Eight cheques post-dated to the first of each month (\$23.25 dated September 4, 2019; \$23.25 each for subsequent 7 installments October 1 – April 1)  
**Or**
  - Exact cash or cheque received on the 1<sup>st</sup> school day of each month (\$23.25 dated September 4, 2019; \$23.25 each for subsequent 7 installments October 1 – April 1)
- Part time:** Exact cash or cheque for \$10.00 dated September 4, 2019 – provides for 10 days (equivalent of one day per month) of eating lunch at school per child.
- Casual:** \$1.00 per day payable the day your child is staying.

1. **Please return a completed Registration Form for each child to the School Office by Friday, May 31.**
2. Lunch Program user fees for all students will be due on the dates stated above.
3. Please make cheques/money orders payable to **POLSON SCHOOL LUNCH PROGRAM**.  
Exact amount for cash payments only

We prefer to receive payment by cheque or money order 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/money order to ensure payment is applied correctly to each student.

**Late payment will result in removal from the Lunch Program.**

---

My child and I have gone over the attached Policies and Expectations 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 expectations 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 Polson School Office/ Principal at 204-669-4490.**