

**SHS LUNCH PROGRAM
REGISTRATION FORM 2019/2020
Grades 1-5**

CHILD'S NAME _____

Birth Date _____ Grade in 2019/2020 _____
mm/dd/yyyy

Address _____ Postal Code _____ Home Phone Number _____

MOTHER/GUARDIAN NAME _____

Daytime Phone # _____ Cell _____ Email _____

Employer _____ Work Phone # _____

FATHER/GUARDIAN NAME _____

Daytime Phone # _____ Cell _____ Email _____

Employer _____ Work Phone # _____

EMERGENCY CONTACT

Emergency Contact information is managed by the school.

MEDICAL INFORMATION - i.e. allergies, medications, medical (epi-pen, inhalers, medical alert bracelet for example)

If your child has a URIS health care plan, would you give your permission for the school to share this information with Lunch Program staff? Yes No

Please notify the Lunch Program Coordinator, 204-663-5078, immediately of any changes to the above information.

If you have any questions or concerns about the Lunch Program, please contact the Lunch Program Coordinator, 204-663-5078.

**SPRINGFIELD HEIGHTS SCHOOL LUNCH PROGRAM
REGISTRATION FORM 2019/2020**

Please enclose the Registration Form and applicable payment in a sealed envelope with the child's name, room number and "SHS Lunch Program" clearly printed on the front and return it to the school office by **Friday, September 13th, 2019.**

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

Full time: \$160.00/year for each child, payable in the following ways:

Payment in full – one cheque for \$160.00

OR

Two postdated cheques dated for September 1, 2019 & February 1, 2020. Each cheque should be made out for \$80.00 per child.

OR

Ten postdated cheques dated for September 1, October 1, November 1, etc. up to June 1. Each cheque should be made out for \$16.00 per child.

Casual: This option is for children who stay less than 16 days in a month. The casual rate is \$1.00 per day. A bill will be sent out at the end of each month.

If you select this option, please send a cheque for \$10.00 to cover the first 10 days that your child is supervised in the lunch program.

Not Participating: Please select this option if your child will go home for lunchtime.

Please make cheques payable to: **SHS LUNCH PROGRAM**

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/no payment will result in removal from the Lunch Program.

NOTE: Supervision of any registered lunch program children that leave the premises during the lunch period is the sole responsibility of the parent.

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

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

I understand the rules (which can be found on the school website) of the Lunch Program and I promise to follow them.

Child's Name (please print)

Child's Signature