

**SHS LUNCH PROGRAM  
REGISTRATION FORM 2019/2020  
Kindergarten**

**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  
KINDERGARTEN 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:** \$80.00/year for each child, payable in the following ways:

Payment in full – one cheque for \$80.00

Two postdated cheques dated for September 1, 2019 & February 1, 2020. Each cheque should be made out for \$40.00 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 \$8.00 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