

# Wayoata School Lunch Program

Dedicated to providing our students with a safe, supervised environment where parents/guardians may choose to have their children remain over the lunch hour.

Attached, please find a copy of the policies and rules by which the Wayoata School Lunch Program abides. There is also a registration form. Please complete the registration process for each child that will need supervision at lunch. Even if your child may only stay a few times during the year, you must complete registration as an occasional user of the program.

- ALL children staying at lunch time (whether full-time or occasionally) **MUST be registered** in the program, except for the kindergarten children in the Canterbury Park Before and After School Program.
- REGISTRATION OPTIONS  
Even if you think your child will stay at school for lunch only once, please complete the registration process for him/her and register as "Occasional".
  - Full time - the student will be eating lunch at school every day
  - Occasional- the student will be eating lunch at school occasionally
- PAYMENT OPTIONS
  - Payment can be made by pre-authorized withdrawal, cheque (if paying in full \$186) or cash
  - We encourage families to take advantage of **Preauthorized withdrawals**. Just complete the attached preauthorized debit agreement and include one void cheque. The preauthorized payments will be withdrawn on Friday October 11<sup>th</sup>, 2024.
  - Payment can also be made (in full) by one cheque dated October 11<sup>th</sup>, 2024, made payable to **Wayoata School Lunch Program**.
- IMPORTANT DATES FOR THE 2024-2025 SCHOOL YEAR
  - REGISTRATION FORMS are due by Friday October 4<sup>th</sup>, 2024.
  - PAYMENTS are due as follows:
    - Payment in full due October 4<sup>th</sup>. We will not accept registration forms without payment.
    - Payments in two installments (\$93 cash on October 4<sup>th</sup> and \$93 cash on December 6<sup>th</sup>)

The committee hires supervisors and a coordinator for the program. Parents are welcome to apply to be part of the Wayoata School Lunch Program.

Any inquiries regarding the Wayoata School Lunch Program can be made by leaving a message at the school office, 204-958-6840. Your inquiry will be forwarded to the lunch program committee.

**1.0 POLICIES****1.01 PURPOSE**

Wayoata School Lunch Program is a non-profit organization dedicated to providing our students with a safe, caring and respectful environment where parents/guardians may choose to have their children supervised over the lunch hour.

**1.02 ABOUT THE PROGRAM**

The Wayoata School Lunch Program is a user pay lunch supervision program. It is in place to provide a safe environment for the students to have lunch. **Only those students registered in the Lunch Program may stay at school for lunch.** Students will provide their own lunches and will eat in their classrooms. This program does not provide hot meals or any means to reheat food. Microwaves will not be available.

Supervisors, hired by the Lunch Program Committee, will supervise the playground during the lunch recess and will monitor the classrooms and hallways while the children eat lunch.

The Lunch Program is not a fundraising venture. **It is a non-profit organization and all the money collected is used to pay the salaries of those hired to supervise during the lunch break, any training required, and for miscellaneous expenses related to the operation of the Lunch Program.** All funds from this program are managed in the Wayoata School Lunch Program bank account and are separate from any school bank accounts.

**1.03 REGISTRATION**

***Students may participate in the Lunch Program by completing the registration process and making payments based on the choice selected on the registration form. One registration form is required for each student wishing to participate in the Lunch Program. A new registration form must be completed for each new school year. Registration is available at any time during the year.***

**1.04 REGISTRATION OPTIONS**

Even if you think your child will stay at school for lunch only once (i.e. hot lunch), please complete the online Registration Form for him/her and register as "Occasional".

- |            |   |
|------------|---|
| Full time  | - the student will be eating lunch at school every day    |
| Occasional | - the student will be eating lunch at school occasionally |

**1.05 FEES and PAYMENT OPTIONS**

The Lunch Program fees and payment options for each school year are outlined on the annual registration form.

Options are provided for registration either full-time or occasional.

Payment options are available for students who are registered as full-time. These options include payment in full, two installments or three installments.

If you are making payment by cheque, please note:

- cheques should be made payable to: **WAYOATA SCHOOL LUNCH PROGRAM**
- payment may be made by one (1) cheque for all children in one family. *Individual cheques for each child are not required.*

**1.06 LATE PAYMENT**

In the event of late payment, the Lunch Program Coordinator, in consultation with School Administration, will implement the following policy:

1. The parent/guardian will receive a note reminding them that payment has been missed.
2. Failure to submit the late payment will be viewed as a parental decision to no longer use the services of the Lunch Program. The outstanding account will be forwarded to the school administration, the student will be removed from the lunch program and the parent/guardian will be required to make alternate arrangements for their child during the lunch break.

1.07 NSF CHEQUES  
 Cheques returned for any reason will be considered as late payment and the process outlined in 1.06 Late Payment, above, will be followed.


















1.08 REFUNDS  
 In the event that a student leaves the school or the lunch supervision program, the unused portion of the user fee will be refunded.

**2.0 RULES**

The Wayoata School Lunch Program would appreciate your cooperation in having your child follow the lunch program expectations. These expectations are in place to make the lunch program a safe environment for all children.

2.01

**Lunch Matrix**

	<b>Be Safe</b>	<b>Be Respectful</b>	<b>Be Responsible</b>
<b>Looks</b> 	Use indoor voices  Eat your own lunch  Stay seated 	Clean up  1 trip to the garbage  Use kind words 	Follow supervisor's instructions  Return to seat and read/draw 
<b>Sounds</b> 	Quiet 	Quiet 	Quiet 
<b>Feels</b> 	Calm 	Calm 	Calm 

Wayoata School

June 2019

**GENERAL LUNCH PROGRAM GUIDELINES**

- Students who eat lunch at school must remain on the school property during the lunch hour.
- Students will provide their own lunches and will eat in designated areas.
- Students are encouraged to take home any uneaten food.
- Students are not to share their food with others due to allergies and other medical problems.
- Students are asked to refrain from bringing food containing nuts and/or fish to school due to allergies.
- Students need to follow the school expectations.

Please ensure that your child is familiar with and understands the rules of the Lunch Program.

2.02 BEHAVIOUR MANAGEMENT

The River East Transcona School Division adheres to the "Code of Conduct" to promote a healthy school culture. The RETSD believes that all staff, parents and students have a responsibility to maintain a safe, caring and respectful environment where everyone has the right to be treated with dignity and respect. Pupils, parents, and staff are to behave in a respectful manner and comply with this code.

***Our school's Lunch Program has some basic rules and expectations that students are expected to follow so that we can maintain a safe, orderly, and relaxing atmosphere for all lunchtime participants. These expectations are reviewed continuously with all students throughout the year. From time to time, a small number of students find it difficult to meet expectations during lunch. These students are given reminders and encouragement to meet the expectations. When concerning behaviour persists, parents will be notified.***

**Failure to follow expectations may result in suspension or possible exclusion from the lunch program.**

# Wayoata School Lunch Program 2024 2025 School Year Registration Form\*

\*Policies can be found on the school website at <https://www.retsd.mb.ca/school/way/> under the Documents and Forms/Lunch Program section

Name of Student _____	Classroom # in 2024/2025 _____
Home Address _____	Grade _____
Primary Contact _____ (Parent/Guardian)	# To Call 1st For This Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Secondary Contact _____	# To Call 1 <sup>st</sup> For This Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Relationship to Child _____	# To Call 2 <sup>nd</sup> For This Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

## For Students in GRADES 1 – 5

### Select Registration Type

- Full time \$186/year for each child
- Occasional - Initial payment of \$60.00, due October 4<sup>th</sup>, 2024.
  - One dollar will be deducted from your account each time your child stays for lunch. You will be notified when your balance is less than \$5.00 and a further \$60.00 payment will be due at that time.

### Select Payment Option

- Full Time Registration - Payment in full, \$186.00, due October 4<sup>th</sup>, 2024
- Full Time Registration - Payment in 2 installments of \$93.00 each, due October 4<sup>th</sup>, 2024 and December 6, 2024
- Occasional Registration - Payment of \$60.00, due October 4<sup>th</sup>, 2024

### Select Payment Method

- Preauthorized debit - attached agreement completed and void cheque enclosed

## For Students in KINDERGARTEN

### Select Registration Type

- Full time \$93/year for each child
- Occasional - Initial payment of \$30.00, due October 4<sup>th</sup>, 2024.
  - One dollar will be deducted from your account each time your child stays for lunch. You will be notified when your balance is less than \$5.00 and a further \$30.00 payment will be due at that time.

### Select Payment Option

- Full Time Registration - Payment in full, \$93.00, due October 4<sup>th</sup>, 2024
- Full Time Registration - Payment in 2 installments of \$46.50 each, due October 4<sup>th</sup>, 2024 and December 6<sup>th</sup>, 2024
- Occasional Registration - Payment of \$30.00, due October 4<sup>th</sup>, 2024

### Select Payment Method

- preauthorized debit - attached agreement completed and void cheque enclosed

- My child and I have gone over the attached policies and rules, and we understand them. I understand that if they are not followed, the privilege of my child participating in this program will be reviewed.
- I have completed the registration process for my child.
- I have included a preauthorized debit agreement and void cheque
  - Please check here if this payment is for more than one child. Sibling name: \_\_\_\_\_  
(Please note that one payment can be made for all children in one family – but each child MUST have a completed registration form.)

## Email Address

\_\_\_\_\_  
(By providing my email address above and signing below, I consent to receive information about the lunch program and to communicate with the lunch program via email. (If at any time you wish to be removed from our email list, please contact the school office.)

Provide name that should appear on tax receipts (please print clearly): \_\_\_\_\_

Tax receipts will be provided once we have received payment in full. They will be sent home with your child by February 28<sup>th</sup>, 2025

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Dated: 6-Sept-2024

**Casera Pre-Authorized Debit Agreement (Payor's PAD Agreement)**

New Authorization:       Cancellation Notice:       Change to Existing:

**Payee Information: Credit (Transfer to)**  
 Account Holder(s) (the "Payee"): WAYOATA SCHOOL LUNCH PROGRAM  
 Address: 605 WAYOATA STREET, WINNIPEG, MANITOBA R2C1T8  
 Account Information: Route:         Transit:           Account:

**Payor Information: Debit (Transfer From)** Please notify the payee immediately of any changes to account information

Account Holder(s) (the "Payor"):	Financial Institution: _____ (“Processing Institution”)	<b>ATTACH VOIDED CHEQUE HERE</b>
Address:	Address: _____	
Phone Number:	_____	
Account Information: Route: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Transit: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	

**Transaction Information:**

<b>Pad Type:</b> <input type="checkbox"/> Personal PAD <input type="checkbox"/> Funds Transfer PAD <input type="checkbox"/> Business PAD	<b>CPA transaction Type:</b> _____ <b>Purpose of Payment:</b> _____	<b>Amount of Payment</b> Fixed: \$ _____ Variable: Not to exceed \$ _____
<b>Frequency:</b> <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly 15 <sup>th</sup> & last <input type="checkbox"/> Monthly, Last Day	<input type="checkbox"/> Monthly __ day of month <input type="checkbox"/> Quarterly __ day of month <input type="checkbox"/> Semi Annual __ day of month <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	<b>First Due Date</b> ____ / ____ / ____ (yy / mm / dd) <b>Last Due Date</b> ____ / ____ / ____ (yy / mm / dd) <b>Sporadic</b> <input type="checkbox"/>

**AUTHORIZATION**  
 I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Signature of Payor _____	Date _____
Signature of Payor _____	Date _____

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

**WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS)**  
 I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Signature of Payor _____	Date _____
Signature of Payor _____	Date _____

**CANCEL PAYMENT** (\_\_\_\_\_ days notice is required **before** the next PAD will be issued. Cannot exceed 30 days)

Signature of Payor _____	Date _____
Signature of Payor _____	Date _____

## TERMS AND CONDITIONS

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).  
I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this Agreement.
5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payer.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
  - (a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
  - (b) with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or
  - (c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.
8. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
  - (a) the PAD was not drawn in accordance with this Authorization;
  - (b) this Authorization was revoked; or
  - (c) pre-notification was required and was not received.I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
15. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in the Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.