FOR LUNCH PROGRAM USE ONLY			
Student's Name _			
Teacher's Name _			
Room #			
□ Full Time	□ Part Time/Casual		

## HAROLD HATCHER SCHOOL LUNCH PROGRAM

REGISTRATION FORM 2025 / 2026				
PLEASE NOTE: This is a s	upervision program only.	Students will pro	ovide their own lunches.	Food is not provided.
* Please Print				
CHILD'S NAME		Birth Date mm/c	Grade in 25 dd/yyyy	/ 26 - KINDERGARTEN
Address		Postal Code	Phone Num	ber
Parent(s) / Guardian(s) Name(s)	Relationship to Child	Employer	Email	Work Phone Number
Receipt Issued to:				
EMERGENCY CONTACT (Par	rents will be contacted first)			
Name	Relationship to Child	Address		Phone Number
SPECIAL INSTRUCTIONS FO	R MY CHILD - i.e. allergies, mo	edications, medic	al (medical alert bracelet fo	or example)
Is there a sibling in the Lunc	ch Program? No	Yes Name		Grade
Please notify the	e Lunch Program, 204.958.68	•		ve information.
Full time - th	REGIS e student will be eating lunch	at school each d		ergarten dav

- the student will be eating lunch at school on a less than full time basis Part-time

My Child Will Participate in the lunch program on the following basis (please check one):				
	10	Cheque	\$87.50 per child	Dated September 12, 2025
Full Time	2 C	heques	\$43.75 per child	Dated September 12, 2025 and February 1, 2026
	6 C	·	\$15.00 per child and \$14.50 per child	Dated September 12, 2025 and  Dated the 1 <sup>st</sup> of each month October 1, 2025 to February 1, 2026
	10	Cheque	\$43.75 / child	Dated September 12, 2025 - provides for 46 days (approximately ½ of the school year)
Part Time	10	Cheque	\$21.90 / child	Dated September 12, 2025 - provides for 23 days (approximately ¼ of the school year)
	10	Cheque	\$9.40 / child	Dated September 12, 2025 - provides for 10 days

We will advise you that further payment is required when you have five (5) days remaining.

**N.B.** Please purchase part time days carefully. Refer to section 1.09 Refunds. There are no refunds.

## Please:

- 1. Return a completed Registration Form for each child, along with post-dated cheques when applicable, to the Harold Hatcher School Office on or before **FRIDAY**, **SEPTEMBER 12**, **2025**.
- 2. Make cheques payable to: HHSLP. Please place your payment in a sealed envelope with your family name on the outside.

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 may result in removal from the Lunch Program. Please see Section 1.06 Late Payment in the Policies and Expectations.

## **ACKNOWLEDGEMENT**

My child and I have gone over the emailed 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