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

HAROLD HATCHER SCHOOL LUNCH PROGRAM

REGISTRATION FORM 2024 / 2025 * Please Print							
CHILD'S NAME Bi		rth Date	Grade in 24 / 2	de in 24 / 25 - KINDERGARTEN			
Address Po		ostal Code Phone Numbe		r			
Parent(s) / Guardian(s) Name(s)	Relationship to Child	Employer		Work Phone Number			
Receipt Issued to:							
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)							
Is there a sibling in the Lunc	h Program? No	Yes Name		Grade			
Please notify the Lunch Program, 204.958.6880, immediately of any changes to the above information. REGISTRATION OPTIONS							

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

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

All unpaid fees from the 2023 / 2024 school year must be paid in full

before registration for the 2024 / 2025 school will be accepted.

My Child Will	My Child Will Participate in the lunch program on the following basis (please check one):								
	1 Cheque	\$87.50 per child	Dated June 14, 2024						
	1 Cheque	\$87.50 per child	Dated September 4, 2024						
	2 Cheques	\$43.75 per child	Dated September 4, 2024 and February 1, 2025						
	6 Cheques	\$15.00 per child and \$14.50 per child	Dated September 4, 2024 and Dated the 1 st of each month October 1, 2024 to February 1, 2025						
	1 Cheque	\$43.75 / child	Dated September 4, 2024 - provides for 45 days (approximately ½ of the school year)						
Part Time	1 Cheque	\$21.90 / child	Dated September 4, 2024 - provides for 22 days (approximately ¼ of the school year)						
	1 Cheque	\$9.56 / child	Dated September 4, 2024 - 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 School Office on or before **FRIDAY**, **JUNE 14**, **2024**.
- 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.						