

Hampstead School Lunch Supervision Program Registration Form

*****All unpaid fees for prior school years must be paid BEFORE registration for the 2025/2026 school year will be accepted.*****

Student Name	Date of Birth	Teacher	Room/Grade

Home Address: _____

Home Phone #: _____

Email Address for Payment Receipts, Statements: _____

(Please print clearly. Payment receipts, monthly invoices and account statements will be issued electronically this year.)

Mother/Guardian Name: _____

Work Phone #: _____ Cell number: _____

Email address: _____

Father/Guardian Name: _____

Work Phone #: _____ Cell number: _____

Email address: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____

Does your child have any medical, physical, or emotional concerns that the Lunch Supervision Program supervisors should be aware of?

Please Circle One:

FULL-TIME

CASUAL

Payment Options: Kindergarten to 5

- ☐ FULL PAYMENT by cheque or cash (\$160.00). This payment **MUST** be received by September 29, 2025. If payment is not received by September 29, 2025, fee for the year is \$200.00.
- ☐ MONTHLY PAYMENTS by cash or cheque (\$20.00/month)
- ☐ CASUAL – I will send \$1.00/stay with my child to school on the days they stay.

AGREEMENT

I understand the Hampstead School Lunch Supervision Program has agreed to provide lunchroom facilities and supervision for my child/children. I agree to pre-pay for my child/children to attend this USER-PAY facility. I agree that my child/children must cooperate with the Lunch Supervision Program supervisors in charge of the program or he/she may lose the privilege of remaining in the program.

IMPORTANT: By signing below, I acknowledge that I have read the registration package and accept the programs expectations, rules, and policies. I also confirm that I have reviewed the registration package with my child/ren.

Parent/Guardian Signature

Date

For more information please contact Hampstead School at 204-654-1818.