

# Hampstead School Lunch Supervision Program Registration Form

Student Name	Date of Birth	Teacher	Room/Grade

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Email address (**Please Print Clearly**):

Note: Payment receipts, invoices and account statements will be sent to this email address

Mother/Guardian Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

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**Payment Options (please check one):**

- FULL PAYMENT by cheque or cash (\$175.00). This payment **MUST** be received by September 29, 2026. If payment is not received by September 29, 2026, the fee for the year is \$200.00.
- MONTHLY PAYMENTS by cash or cheque (\$20.00/month)
- CASUAL – I will send \$1.00/day with my child to school on the days they stay.

**\*\*\*All unpaid fees for prior school years must be paid BEFORE registration for the 2026/2027 school year will be accepted.\*\*\***

**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.