



# Lansdowne

## Lunch Program Registration Form

NAME OF STUDENT(S) / GRADE / ROOM #

_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____

**FEES:** 1 child - \$24.00, 2 children - \$48.00, 3 children - \$60.00, 4 children - \$72.00, - \$3.00 Casual Drop-In Fee  
*\*\*additional fees for milk may be announced in September 2022\*\**

**DUE by cash, cheque or automatic withdrawal (form on the back) on:**

<u>2022</u>	<u>2023</u>
Aug 19, Sept 20, Oct 20, Nov 18, Dec 13	Jan 20, Feb 20, Mar 20, Apr 20, May 19

**ATTENDANCE (PLEASE CHECK)** FULLTIME \_\_\_\_ CASUAL \_\_\_\_ MILK \_\_\_\_

Name of Parent/Guardian (1st contact) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent/Guardian (2nd contact) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Emergency Contact (3<sup>rd</sup> contact) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**STUDENT INFORMATION**

**Manitoba Medical No.** \_\_\_\_\_

**\*Allergies:** YES, ☐ NO ☐ IF yes, Specify Allergy: \_\_\_\_\_

This personal information is being collected for the Lansdowne Parent Council Lunch Program. All information is collected in accordance with the PHIA and FIPPA legislation. As a parent/guardian of child/children in the lunch program I release the lunch program, its governing body and its employees from any liability from loss of property. I understand all the rules, guidelines and expectations set forth by the program and Lansdowne School. I understand that the failure to follow guidelines and expectations set out, that the privilege of my child attending this program will be reviewed. Upon completion of this form, I request placement of my child in the Lansdowne School Lunch Program. I understand all of the guidelines & expectations set forth by the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please go over these few following expectations with your child(ren)**

- 1. No abusive or foul language.
- 2. Respect fellow students, their belongings and personal space.
- 3. Listen to and respect the Supervisor(s)/Adult(s), Lunch Rooms as well sports equipment, toys and games.

Students in the program are expected to cooperate fully with the supervisors and staff at Lansdowne. It should be understood that inappropriate behavior could result in suspension from the program. If this occurs it will be parent's responsibility to find alternate arrangements for their child(ren) for the lunch hour. By signing this form, you are agreeing to the Lansdowne Lunch Program expectations.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Lansdowne Lunch Program Automatic Bank Withdrawal Form**



Please debit my account: \$\_\_\_\_\_ each month (June, September to May) for payment of the École Lansdowne Lunch Program fees.

\*The debit will be withdrawn from the bank account on the above-mentioned date of each month (in accordance with the School Year), or the next business day if it is a non-banking day.

\* I/We waive any and all requirements for pre-notification of debiting. This includes, pre-notification of any relatively minor changes in the amount withdrawn due to changes in any applicable tax rate, top-up, or adjustment.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

This payment is made on behalf of the following registered children:

_____	_____	_____
Child's First Name	Child's Last Name	Amount
_____	_____	_____
Child's First Name	Child's Last Name	Amount
_____	_____	_____
Child's First Name	Child's Last Name	Amount
_____	_____	_____
Child's First Name	Child's Last Name	Amount

I may revoke my authorization with the LPC at any time, subject to notice of 30 days.  
Cancellations must be received in writing and submitted to the Lunch Program Coordinator at École Lansdowne or by emailing [Winnipeg.LPC@gmail.com](mailto:Winnipeg.LPC@gmail.com)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. For more information, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

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AFFIX VOID CHEQUE HERE

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Questions or concerns? Please contact the LPC at [Winnipeg.LPC@gmail.com](mailto:Winnipeg.LPC@gmail.com) or the Lunch Program Coordinator at [lunchprogramsuttonm1@gmail.com](mailto:lunchprogramsuttonm1@gmail.com).