**JB Mitchell Lunch Program Registration Form**

*This information is collected solely for the purpose of the JBMLP and will not be distributed for any other purpose.*

**Student Information**

Name \_     \_

Students Homeroom #     \_

Birthdate      \_ Gender:  Male  Female

Address \_     \_ Postal Code      \_

Manitoba Health Registration # \_     \_\_      \_

6-digit number 9-digit number

**Parent/Guardian Information**

Please check the custodial parent: Joint:  Mother:  Father:  Guardian:

|  |  |
| --- | --- |
| Parent/Guardian’s Full Name:       \_  Address:       \_  Home #:      \_    Work #      \_ext. #     \_  Cell #:      \_  Email address:      \_ | Parent/Guardian’s Full Name:       \_  Address:       \_  Home #:      \_    Work #     \_ ext. #      \_  Cell #:     \_  Email address:      \_ |

**Medical Information (including allergies)**

My child has:      \_

Medications given at school: YES  NO  Epi Pen: YES  NO

Location of Epi Pen:      \_

I agree to release a copy of the School Medical Assessment along with the individual Health Care Plan to the École J.B. Mitchell School Lunch Program Coordinator for consistent care of my child. Withholding of pertinent medical information may result in ineligibility to the lunch program.

Signed:      \_ Date:      \_

|  |  |
| --- | --- |
|  |  |

**Enrolment and Fee Information**

## For Administrative Purpose

Pmt Type:\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_

Cheque # \_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_

Post Dated Chq #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETransfer Verf: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose one of the following:

**OPTION A – Payment in Full:**

The $275.00 fee includes registration fee of $10.00 and is due on first day of school year

**OPTION B – Two equal payments:**

The $300.00 fee includes registration fee of $10.00.

* First payment of $150.00 due First day of school year (September)
* Second payment of $150.00 ALSO due First day of school. **A post-dated cheque to February 1st-MUST accompany registration form.**

**OPTION - Casual**

$10.00 registration fee to accompany registration form.

Tickets can be purchased from the school office on an as-needed basis:

5 tickets for $12.00

10 tickets for $20.00

**Please make cheques payable to J.B. Mitchell Lunch Program.**

Milk is not included in the Lunch Program. *Please do not include milk money with your lunch fees.*

*You will receive a receipt for each payment received. Please keep these if you intend to use them for income tax purposes as no others will be issued.*

Registration forms received incomplete or not accompanied by payment will be returned and your child will not be registered in the program until we receive it in its completed state with payment.

**Parent/Guardian Agreement**

I/We have read the ONLINE Behaviour Management Policy/Code of Conduct and understand my/our responsibilities. I understand that the use of the Lunch Program is a privilege and that my child may lose the use of the Lunch Program if my fees are in arrears or if my child does not cooperate with the guidelines of the program. I have discussed this with my child and I agree with these conditions.

Parent/Guardian Signature     \_ Dated      \_