

LORD ROBERTS PAC LUNCH PROGRAM REGISTRATION FORM 2022-2023

| Child's Information | | Grade/Room # | Health | |
|-------------------------------|-----------------|---------------------|---|--|
| (Pleas | se print) | | Check all the apply – My Child: | |
| Name: First & Last | | Grade | has allergies carries an Epi-pen has Asthma/carries inhaler wears a Medical Alert Bracelet | |
| MB Health Medical # (9 digit | t) | Room# | | |
| Name: First & Last | | Grade | has allergies | |
| MB Health Medical # (9 digir | t) | Room# | carries an Epi-pen has Asthma/carries inhaler wears a Medical Alert Bracelet | |
| Name: First & Last | | Grade | has allergies | |
| MB Health Medical # (9 digit) | | Room# | carries an Epi-pen has Asthma/carries inhaler wears a Medical Alert Bracelet | |
| Manitoba Health Registratio | on # (6 Digits) | | | |
| | PAREI | NT/GUARDIAN INFORMA | TION | |
| Last Name: | First Name: | | Relationship to child: | |
| Address: | | | Postal Code: | |
| | | | | |
| Home Phone: | Cell Phone: | | Work Phone: | |
| Home Phone: Email Address: | Cell Phone: | | Work Phone: | |
| | Cell Phone: | | Work Phone: | |

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

Postal Code:

Work Phone:

| (1) Name: | Relationship to child: | Phone: | | |
|--|------------------------|--------|--|--|
| (2) Name: | Relationship to child: | Phone: | | |
| Additional parcon(s) who have permission to pick up my shild (shildren | | | | |

Additional person(s) who have permission to pick up my child/children

Cell Phone:

Address:

Home Phone:

Email Address:

Payment Selection – Please Select (✓)

- ONLY PAYMENTS IN FULL BY CASH, CHEQUE OR ETRANSFER WILL BE EXCEPTED.
- ONE TIME PAYMENT AND TWO PAYMENT OPTIONS ARE AVAILABLE ONLY WITH POST-DATED CHEQUES (PROVIDED AT THE TIME OF REGISTRATION)

| Payment Option | | |
|--------------------|--|---|
| | | ✓ |
| One Time | Paid in full (by cash, cheque or etransfer to Irpclunchprogram@gmail.com) | |
| Two Payment Option | 1 st payment due September 7, 2022 (by cash, cheque or etransfer) 2 nd payment due January 5, 2023 - POSTDATED CHEQUE PROVIDED. | |

I have read and understood the information stated in this document. I understand and agree to abide by the payment terms as outlined.

| Signature | Date | |
|-----------|------|--|