École Waterford Springs School Parent Lunch Program

2090 Jefferson Avenue Winnipeg, Manitoba, R2R 3A3 Tel: 204-694-9690 - Fax: 204-633-2994

Email: ewsslunchprogram@gmail.com

Grade

Room

Cost per month*

\$26

\$23

Registration must be submitted for each child to remain at École Waterford Springs School during the lunch hour. **Registration is due by June 24, 2022**.

Last Name

Number

1

2

Phone Number: (Home)_

First Name

| 3 | | | \$23 |
|-------------------------------------------|------------------------|-----------------------------|---------------------|
| 4 | | | \$23 |
| * Please review the fee structure on the | Lunch Program Policies | for further explanation. Th | nere is no discount |
| winter months only* | | | |
| Would you like to register for the Winter | Months Only (November | er-March)? | |
| Parent Information: | | | |
| Name of Parent/ Guardian: | | | |
| Address: | | | |
| Email address: | | | |
| Phone Number: (Home) | (Cell) | (Work) | |
| | | | |
| Name of Second Parent/ Guardian: | | | |
| Address (if different than above): | | | |
| Email address: | | | |
| Phone Number: (Home) | (Cell) | (Work) | |
| | | | |
| Emergency Contact Information: | | | |
| Name of Emergency Contact: | | | |
| | | | |

(Cell) (Work)

| *Very Important* Please list any food/drink allergies and any other information essential for the Lunch Program |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Coordinator to know: |
| |
| |
| |
| I would be interested in working as a paid Lunch Program Supervisor for one hour per day (\$15/hour). |
| YesNo |
| Name: |
| Email Address: |
| I have read, understand, and agree with the policies of the École Waterford Springs Lunch program. I have reviewed the policies with my child(ren). |
| Name: |
| Signature of Parent/ Guardian: |
| Date: |
| |
| Students old enough to read the Code of Conduct: I have read, understand, and agree with the policies for the ÉWSS Lunch Program. |
| Name of Student: |
| Signature of Student: |
| Date: |
| |
| |

Drop-In (cash) is \$2.50/day on the day of child use and children **must** be pre-registered (parents need to ensure the co-ordinator was advised the day before)