

# École Laura Secord School- Parent Lunch Program

960 Wolseley Avenue, Winnipeg, MB

Phone 204-786-4796

## ÉCOLE LAURA SECORD SCHOOL LUNCH PROGRAM

### INFORMATION CONSENT

The Lunch Program at École Laura Secord School is a parent council run program and requires consent to communicate with the school about your child. The ability to communicate with the school is an essential tool that promotes safety, ease of program delivery, and an enhanced environment for your child.

Providing your consent for the lunch program and the school to communicate allows such things as being able to obtain current contact numbers if your child is sick or needing to reach you at lunch. It also allows the school to provide the lunch program with class lists, thus enabling your child to have more recess (and less organizational time) at the start of each school year as children are grouped with their respective classrooms.

I request that, and give permission for École Laura Secord School to release and exchange information to the Lunch Program about my child(ren):

Names of Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name of Parent/Gaurdian**

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

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## Behaviour Contract

### **Behaviour Expectations:**

1. I will follow all the rules set out by the lunch program, and listen to all lunch program staff
2. I will be respectful of all staff and adults at all times during lunch time
3. I will follow the school division "Code of Conduct" at all times
4. I will make sure my eating area is clean of all garbage when I have finished my lunch
5. I will adhere to the Anti-Bullying Policy

### **Privileges for meeting the conditions of the contract:**

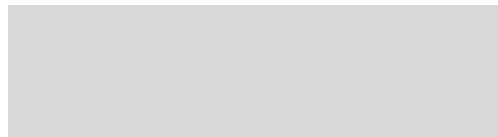
1. Special prizes, rewards and outdoor lunch days.

### **Consequences/Restrictions for failing to meet the conditions of the contract:**

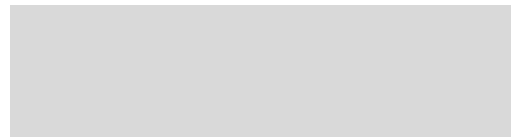
1. Missing lunch time recess and/or a phone call home.
2. Based on the seriousness, possible suspension from the Lunch Program, as set out by the Behaviour Plan.

I understand that I must meet all Behaviour Expectations as listed above in order to earn my privileges each day. Failure to meet the Behaviour Expectations listed above will result in my earning of both consequences/restrictions listed above.

Privileges and Consequences/Restrictions will be earned on the same/following day.



Child's Signature



Parent's Signature

If you have more than one child, please have all signatures on this sheet.

**Please read this over with your child/children and send back to the office by September 19<sup>th</sup>, 2022.**

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## **Student Registration Form 2022-2023**

**Please complete both sides.**

1. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room # \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_

\*Allergies/Concerns (please circle) Epi-Pen **Y N** Asthma Inhaler **Y N**

2. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room # \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_

\*Allergies/Concerns (please circle) Epi-Pen **Y N** Asthma Inhaler **Y N**

3. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room # \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_

\*Allergies/Concerns (please circle) Epi-Pen **Y N** Asthma Inhaler **Y N**

**\*Please ensure that we have a Health Plan on file if your child has ANY medical concerns. You may request a form\***

**Please provide any additional information if applicable:**

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## **PARENT/GUARDIAN CONTACT INFORMATION:**

### **Parent/Guardian #1:**

Name \_\_\_\_\_

Address & Postal Code (if different)

\_\_\_\_\_

Phone #'s:

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

### **Parent/Guardian #2:**

Name \_\_\_\_\_

Address & Postal Code (if different):

\_\_\_\_\_

Phone #'s:

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

## **EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

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1. Does your child require additional assistance during the lunch hour (i.e. physical, emotional or behavioural support?)

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2. Is there any information you feel the Lunch Program Staff need to know about your child?

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## Fees and Payment Options

### **LUNCH PROGRAM FEES - DUE ON A MONTHLY BASIS**

1 student Full Time (3/days a week or more) \$37/mo \$370/year

2 students Full Time \$60/mo \$600/year

3 students Full time \$80/mo \$800/year

4 Students Full Time \$100/mo \$1000/year

PART TIME (2 days a week or less) \$20/mo \$200/year

### **PAYMENT OPTIONS**

- Automatic Withdrawal - Void cheque needed with a date specified as per the following: 1<sup>st</sup> or 21<sup>st</sup>
- Cheque or Money Order made out to LSSPLP dated for the 1st or 21st
- E-transfers can be sent to [LSLunchProgram@gmail.com](mailto:LSLunchProgram@gmail.com) (Please put students name in the memo line)

**A charge of \$5 will be administered for each NSF Cheque**

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Will be attending (check one):

☐ Full-Time

☐ Part-Time (\_\_\_\_ days/wk)

☐ Casual –Punch Card Purchase

AMOUNT DUE EACH MONTH \$ \_\_\_\_\_

## Payment Options (please check one):

☐ Monthly Automatic Withdrawal - **Void cheque needed with a date specified as per the following:**

☐ 1<sup>st</sup> or

☐ 21<sup>st</sup>.

☐ E-Transfer [LSLunchprogram@gmail.com](mailto:LSLunchprogram@gmail.com)

☐ Payment in full: \$\_\_\_\_\_ Cheque # \_\_\_\_\_)

Cheques to be made out to LSSPLP and dated for the 1st or 21st. Money orders also accepted.

## I would like a tax receipt issues at tax time via email

Email address \_\_\_\_\_ Postal Code \_\_\_\_\_

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: \_\_\_\_\_

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