

Keewatin Prairie Community School Lunch Program Registration Form

Child's Information:

Name of Child	Grade/Room Number & Birthday	MB Health Number*

My child has a medical condition or allergy: Yes_____ No_____

Please provide details:_____

*All information is collected in accordance with PHIA and FIPPA legislation and is being collected for the Keewatin Prairie Community School Lunch Program. Additional Manitoba Health Card information and allergy information will be provided by the school if required.

Parent/Guardian Information:

Contact preference (please check one): ☐ e-mail ☐ phone call ☐ letter

I give permission for the Parent Council to contact me about school-related events. Yes ☐ No ☐

Contact 1

Contact 2

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address (if different from Contact 1):
E-mail:	E-mail:
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone:

Emergency Contact (if parent/guardian cannot be reached):

Name:_____ Phone:_____

Relationship to child:_____ My child may go home with this person: Yes_____ No_____

Please enroll child(ren) in the lunch program under (please choose one):

☐ Full time (\$25.00/month first child; \$20.00/month each additional child)

☐ Part time (\$2.00/day) Please specify days if known:_____

Please send a spoon or fork with your child when needed; we cannot provide eating utensils. Microwaves are currently unavailable. Do not send foods containing peanuts/nuts, hazelnut spread, or seafood/fish. Please refrain from sending or wearing scented products.

Keewatin Prairie Community School Lunch Program Agreement

I understand that I am responsible for paying my lunch program fees by the due date every month as set out in the payment schedule. I understand that my child could be suspended or expelled from the lunch program if my fees are not paid before the 1st of the month or if payment arrangements have not been made prior to the 1st of the month. I understand that I will not be able to enroll my child in the lunch program the following school year until my balance is paid in full.

I understand that my child will not be provided with a lunch by the lunch program, and a fee may be charged if a lunch is provided.

I acknowledge that I am responsible for ensuring my child is aware of the behavior expected from them while attending the lunch program as set out in the lunch program policy. I understand that repeated misconduct by my child will not be tolerated, and could result in disciplinary action, suspension, or expulsion from the lunch program.

I understand that I am responsible for finding alternate child care during the lunch hour if my child is suspended or expelled from the lunch program.

I acknowledge that I am the legal caregiver for the child(ren) enrolled in the lunch program, and I have read and understand the above information as well as all other lunch program policies. I release the lunch program, its governing body, and its employees from any liability from loss of property.

Upon completion of this form, I request placement of my child in the Keewatin Prairie School Lunch Program.

Signature: _____ Date: _____

Please print name: _____

Name to be used on receipt if different from above: _____

Do not fill in this portion. This section to be completed by the lunch program:

of children: _____ Monthly fee: _____ Start date: _____ End date: _____

Month	Amt. Received	Date	Cheque #	Receipt #	Account Notes
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					