

REGISTRATION FORM

School:		School Year:
service to families is sha supervision in Septemb	ared between the schooler and again in Febru by checklist before atto	the school so students have a safe place to have lunch. The cost to provide this ool and parents. All students who stay at school for lunch must register for lunch-time uary at or before the beginning of each school semester. Students must complete tending school each day. If there are any "yes" responses, students must follow the
	nder Section 33(c) of the FC	inage and provide a lunchroom program, and is authorized under the provisions of the <i>Education Act OIP Act</i> . If you have any questions or concerns regarding the collection or intended use of this information
COMPLETE THIS FO	RM TO REGISTER Y	OUR CHILD FOR LUNCH-TIME SUPERVISION SERVICE (ONE FORM PER CHILD)
STUDENT INFO	ORMATION	
Name of student		Grade Class
Please indicate how often	n your child will participat	te in the school lunch-time supervision program:
☐ Full-time	_ • •	te (a pro-rated fee, based on usage) Then you will be using the service: To access drop-in services, please contact the school office
For the period (check onl	ly one): Septemb	ber 2021–January 2022
PAYMENT INFO	ORMATION	
been calculated. In accor		the start of the semester using the Division fee formula. You will be advised of the fee once it has ablic Schools' <u>Administrative Regulation HH.AR</u> , the lunch-time supervision service fee per user of the service.
I will pay lunch fees scheduled by the so	thool	☐ I require an alternate fee payment form to reduce my lunch-time supervision service fee. This form is available through the school office.
(monthly or semi-a	OR	 ☐ I qualify for a fee exemption (Administrative Regulation HH.AR) because: ☐ My child attends our designated attendance area school or special needs Division Centre program and we pay yellow bus fees.
as I use them		My child is in full-day Kindergarten.
		During lunch, my child continues to receive programming and support within the special needs Division Centre program.
SIGNATURE OF	F PARENT/GUA	RDIAN
By signing and submitting in this form. All students	g this form, I am registerir registered for lunch-time	ng my child in the school's lunch-time supervision service program and agree to all terms outlined supervision are expected to follow the school's behaviour code of conduct expectations. The child's most recent medical and allergy information.
Signature		Date
Print name		
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