

**ÉCOLE GEORGE V SCHOOL - LUNCH PROGRAM**  
**REGISTRATION 2024/2025**

**THIS PROGRAM IS RUN BY PARENT COUNCIL.**

**Lunch Fees and Payment Option:**

**First Child is \$35.00 and each additional child will be \$25.00.**

**\*\*\*\* A credit of \$25.00 will be given to those who pay the full year upfront in June or September\*\*\*\***

Monthly payments are due on the 21<sup>st</sup> of each month which would cover the next month attendance. (i.e.October 21st payment would cover November's attendance.)

**Late Fees:** There will be a \$10.00 late fee per month for the first offence and \$20.00 a month for the second offence and \$30.00 month for 3<sup>rd</sup> offence, IF there is no communication or arrangements that were previously made with the lunch coordinator. If payments are not made, you will be asked to pick up your child until payment is paid in full. The lunch coordinator is not responsible to give you monthly reminders.

**NOTE:** THERE IS NO CREDIT GIVEN IF YOUR CHILD IS NOT AT SCHOOL.

**Payments are to be made via E-Transfer:**

**[georgevlunchprogram@outlook.com](mailto:georgevlunchprogram@outlook.com),**

**Please include child's first and last name with class #.**

**Note:** First payment must be made by **Friday, June 21<sup>st</sup>, 2024** in order for your child to be considered for a spot in the Lunch Program for September 2024.

**GEORGE V LUNCH PROGRAM IS A PEANUT / NUT-SAFE FACILITY**

**Hot Lunches:** Register on [www.healthyhunger.ca](http://www.healthyhunger.ca), please create an account for yourself, once you know your child's classroom, please register them under their class number and teachers name. Lunches will get posted monthly. There is a 5 day cut off period (no changes can be made 5 days prior).

**MILK:** The Winnipeg School Division has subsidized the milk costs for many years and continues to do so. Children can purchase milk for 25¢ a carton (125ml). Milk cards are available at a cost of \$2.50 which enables your child to purchase 10 milks. 1 Milk per child per day. Children will be responsible for their milk cards and **no replacement if lost or stolen**. Chocolate milk is available once a week.

## Addressing Student Behaviour Concerns

The École George V School Lunch Program follows the Winnipeg School Division Code of Conduct. Children in the lunch program must be able to function independently within a group setting. Children requiring supervision or 1:1 ratio or who have the difficulties functioning in a crowd should consider other options.

Lunch Program Staff will work diligently to establish and maintain a positive, caring environment. All staff and students shall act in a way as to be safe, be respectful and be responsible.

The following is a list of consequences that may be used in addressing student behaviour:

- Conversation/verbal warning
- Loss of privileges, time out or spending lunch with the lunch coordinator.
- Written warning and/or a call home /plan created with parent
- Alternate lunch recess or setting
- Lunch program suspension
- Removal from the lunch program

## Rules of the Lunch Program

1. Students are to keep their bodies to themselves to avoid hurting others
2. Students will be safe, be respectful and be responsible to all staff and students.
3. Students will hand in all payments or notes to lunch staff.
4. **We do not heat up food.** Students will sit in assigned locations.
5. Students will not bring in glass containers and **must have cutlery for their food.**
6. Students will ask permission before leaving the lunchroom for any reason.
7. Students will play in the supervised areas of the school yard safely.
8. Students will **NOT SHARE FOOD** with others for safety reasons including allergies.
9. Students will remain on school grounds while in the lunch program (except patrols when on duty) unless given permission from parent/guardian, a note needs to be provided to the lunch coordinator.
10. Students will dispose of litter, recycling and compost in the appropriate places.
11. **No cell phones or toys as they can get broken, lost or stolen. We are not responsible for anything lost, damaged, hurt or stolen.**
12. Parents are responsible to send enough food for a morning snack and lunch. (previously children would eat their lunch at snack time)

## **PARENT/GUARDIAN AGREEMENT**

I, the Parent/Guardian, am aware that the lunch program fees are due, as per the fee arrangements made above. I understand that if my child(ren)'s fees are not paid, they will no longer be part of the lunch program. At this point they become my responsibility during lunch time and I must make arrangements for them to go home over the lunch hour.

I, the Parent/Guardian understand that the possible consequences for lunch time behaviors can consist of a time out, lunch recess removal, lunch program suspension and possible removal from the lunch program. I understand that if my child(ren) is having behavioral concerns, the lunch program may contact me to discuss the situation and determine the consequences for the behavior.

I, the Parent/Guardian, am aware that if I write a cheque and it is returned as non-sufficient funds (NSF) that I will be charged the amount of the cheque plus an NSF charge of \$20.00 for each cheque.

**I, the Parent/Guardian, am aware that by signing the registration form, this will confirm that I have read the registration package and I will be held accountable for all infractions of the Lunch Program registration policy. Changes can be made anytime, lunch coordinator will send out changes if made.**

Questions or Concerns Please Contact:

Sabrina McGee, Lunch Program Coordinator

(204) 669-4482 or [georgevlunchprogram@outlook.com](mailto:georgevlunchprogram@outlook.com)



**Lunch Program Copy PLEASE RETURN**

**Student Registration Form 2024-2025**

1. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_  
\*Allergies/Concerns (please circle) Epi-Pen Y N Asthma Inhaler Y N  
\_\_\_\_\_  
\_\_\_\_\_

2. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_  
\*Allergies/Concerns (please circle) Epi-Pen Y N Asthma Inhaler Y N  
\_\_\_\_\_  
\_\_\_\_\_

3. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_  
MHSC: Family #: \_\_\_\_\_ Individual #: \_\_\_\_\_  
\*Allergies/Concerns (please circle) Epi-Pen Y N Asthma Inhaler Y N  
\_\_\_\_\_  
\_\_\_\_\_

4. Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_  
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. \* Please provide any additional information if applicable:**

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## PLEASE RETURN PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian #1: Name \_\_\_\_\_  
Address & Postal Code \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_  
Address & Postal Code \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

### **Collection of Personal Information**

This personal information is being collected for the purpose of providing service for your child to attend the lunch program operated by the Parent Council.

All information is collected and retained under the guidelines of The Personal Information and Protection of Electronic Documents Act. The information may be retained in electronic and/or hard copy format and will be used only for the purpose stated on this form. Access to this information will be provided to the staff and/or executive of the Parent Council organization and/or the School Division administrative staff on a need-to-know basis.

**By signing below, I, the Parent/Guardian, confirm that I have read the Lunch Program registration and will be held accountable for all infractions that happen regarding myself and my child(ren) as per this Lunch Program Agreement.**

\_\_\_\_\_  
Parent/Guardian Name {Print}

\_\_\_\_\_  
Parent Signature

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

École George V School – Lunch Program Coordinator