



Lansdowne Lunch Program Registration Form

NAME OF STUDENT(S) / GRADE / ROOM #

_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____

FEES: 1 child - \$24.00, 2 children - \$48.00, 3 children - \$60.00, 4 children - \$72.00, - \$3.00 Casual Drop-In Fee

additional fees for milk may be announced in September 2023

DUE by cash, cheque or automatic withdrawal (form on the back) on:

2024

2025

Aug 20, Sept 20, Oct 20, Nov 20, Dec 13 ————— Jan 20, Feb 20, Mar 20, Apr 20, May 20

ATTENDANCE (PLEASE CHECK) FULLTIME CASUAL MILK

Name of Parent/Guardian (1st contact) _____ Relationship: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Name of Parent/Guardian (2nd contact) _____ Relationship: _____

Phone: Home: _____ Mobile: _____ Work: _____

Name of Emergency Contact (3rd contact) _____ Relationship: _____

Phone: Home: _____ Mobile: _____ Work: _____

STUDENT INFORMATION

Manitoba Medical No. _____

*Allergies: YES, NO IF yes, Specify Allergy: _____

This personal information is being collected for the Lansdowne Parent Council Lunch Program. All information is collected in accordance with the PHIA and FIPPA legislation. As a parent/guardian of child/children in the lunch program I release the lunch program, its governing body and its employees from any liability from loss of property. I understand all the rules, guidelines and expectations set forth by the program and Lansdowne School. I understand that the failure to follow guidelines and expectations set out, that the privilege of my child attending this program will be reviewed. Upon completion of this form, I request placement of my child in the Lansdowne School Lunch Program. I understand all of the guidelines & expectations set forth by the program.

Signature: _____

Date: _____

Please go over these few following expectations with your child(ren)

1. No abusive or foul language.
2. Respect fellow students, their belongings and personal space.
3. Listen to and respect the Supervisor(s)/Adult(s), Lunch Rooms as well sports equipment, toys and games.

Students in the program are expected to cooperate fully with the supervisors and staff at Lansdowne. It should be understood that inappropriate behavior could result in suspension from the program. If this occurs it will be parent's responsibility to find alternate arrangements for their child(ren) for the lunch hour. By signing this form, you are agreeing to the Lansdowne Lunch Program expectations.

Signature of Parent/Guardian: _____

Date: _____



Lansdowne Lunch Program Automatic Bank Withdrawal Form



Please debit my account: \$ _____ each month (August to May) for payment of the École Lansdowne Lunch Program fees.

*The debit will be withdrawn from the bank account on the above-mentioned date of each month (in accordance with the School Year), or the next business day if it is a non-banking day.

* I/We waive any and all requirements for pre-notification of debiting. This includes, pre-notification of any relatively minor changes in the amount withdrawn due to changes in any applicable tax rate, top-up, or adjustment.

Print Name _____ Signature _____ Date (mm/dd/yyyy) _____

Email: _____ Phone number: _____

This payment is made on behalf of the following registered children:

Child's First Name	Child's Last Name	Amount
Child's First Name	Child's Last Name	Amount
Child's First Name	Child's Last Name	Amount
Child's First Name	Child's Last Name	Amount

I may revoke my authorization with the LPC at any time, subject to notice of 30 days. Cancellations must be received in writing and submitted to the Lunch Program Coordinator at École Lansdowne or by emailing Winnipeg.LPC@gmail.com

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. For more information, I may contact my financial institution or visit www.cdnpay.ca

AFFIX VOID CHEQUE HERE

Questions or concerns? Please contact the LPC at Winnipeg.LPC@gmail.com or the Lunch Program Coordinator at lunchprogramsuttonm1@gmail.com.