Prairie Rose Parent Staff advisory
LUNCH PROGRAM APPLICATION
2024 – 2025

☐ Full Time Prairie Rose Student

☐ Drop-in Only

Child's Name	Grade Sept 2023	Food Allergies	Monthly Fees
1)			$30.00
2)			$25.00
3)			$15.00
4)			$12.00

(Multiple rate is for siblings only)

Total fees due by September 16, 2024: _____ **X 10 = $**_____

Monthly Fees Fee for Year

Payment: Please check your payment option. Make all cheques payable to the Prairie Rose Lunch Program.

- **No Monthly cash payments accepted**
- ☐ **1 – Full Year payment (cash/cheque) as per rates above.**
- ☐ **10 – Post Dated Cheques for the 1st day of each month from September – June.**
- ☐ **E-Transfer fully year payment to: PrLunchprogram@gmail.com**
- ☐ **Drop-In (cash) is $2.50/daily. Children <u>must be pre-registered.</u>**
- ☐ **Choice of white milk or chocolate milk (circle one)**

Parent/Guardian Name: _____ Phone:_____ Email:_____

Emergency Contact: _____ Phone:_____

Tax Receipt issued to: _____ Child start date: _____

Parents will not be allowed to register if there is an outstanding debt owed to the program.

☐ Yes, I have read and reviewed the Lunch Program Brochure with my child.
☐ Yes, I agree to follow all guidelines and conditions of the lunch program.

Signature of Parent/Guardian: _____ Date:_____

Registrations due by Monday, September 16, 2024.

Office Use Only

Month	Date Rec'd	Cash / Cheque	Payment Amt.	Balance Owing
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				

Questions about the application please contact Ms. Kim Cychowski, Lunch Program Coordinator at PrLunchprogram@gmail.com