

# Isaac Brock Parent Council Lunch Program

2023-2024

## Child's Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Current Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Room #: \_\_\_\_\_

Grade: \_\_\_\_\_

## Parent Information

### Parent/Guardian # 1

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*Please print legibly

### Parent/Guardian # 2

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*Please print legibly

Emergency contacts: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Medical Information

Manitoba Health #: \_\_\_\_\_

Child's 9 Digit Health #: \_\_\_\_\_

Allergies, Medical Conditions, Medications, Illnesses, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent or Guardian Signature: \_\_\_\_\_

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