2023-2024 ÉCOLE ST. AVILA LUNCH PROGRAM APPLICATION

APPLICATION FORM MUST BE COMPLETED AND RETURNED BY SEPTEMBER 15, 2023.

PAYMENT MAY BE MADE BY ETRANSFER to stavilalunch@gmail.com, or by POST-DATED CHEQUES to St. Avila Lunch Program, OR BY CASH IN THE SCHOOL OFFICE. PAYMENT MUST ACCOMPANY EACH APPLICATION.

	STUDENT	INFORMATION	
Child's Name (first and las	st):		
Grade in 2023-2024:			
Allergies and/or foods to	avoid:		
Other medical conditions:			
	PARENT/GUARI	DIAN INFORMATION	
Name:			
Phone:	Cell:	Work:	
Email:			
Name:			
Phone:	Cell:	Work:	
Email:			
		FEES	
PAYMENT MAY BE MA	ADE BY ETRANSFER to <u>stavilalun</u> SCHO	ch@gmail.com, POST-DATED OL OFFICE.	CHEQUES, OR BY CASH IN THE
	unch Program is \$20.00 per monts s a non-for-profit organisation. T	-	ne Pembina Trails School Division. lable:
Option 1 - Full Payment -	\$200 by September 15, 2023.		
1 -	ments of \$100.00 each. Paymen submit 2 post-dated cheques for	• • •	
	PROGRAM	EXPECTATIONS	
 Each student MUST bring his/her own lunch and cutlery. NO NUT PRODUCTS PLEASE. Students in the lunch program are expected to: Follow all school rules during the lunch program; Use manners, indoor voice, listen and demonstrate respect to lunch program staff; Act safely, respectfully, and responsibly – no sharing food; clean area when finished eating; all waste and recycling placed in appropriate bins. 			
If a child does not adhere program. Please note: The Lunch Pr	there are behavioural concerns to the behavioural expectations, rogram is run by our Lunch Progrome Robb at 204-269-5677.	, the child may be suspended	nator or the school administration. or withdrawn from the lunch
I acknowledge that my ch rules. I understand that should I would not be allowed to r	ild fully understands the expecta	ore, my child may be withdrav in full. It would be the parent/	,
Parent/Guardian Signature:		Date:	
Student Signature:			

Date:

Payment received: ____ Cash ___ Cheque ____E-transfer

Full – payment _____ September payment ____ February Payment ___