

# 2024-2025 ÉCOLE ST. AVILA LUNCH PROGRAM APPLICATION

APPLICATION FORM MUST BE COMPLETED AND RETURNED BY **SEPTEMBER 20, 2024.**  
**PAYMENT MAY BE MADE BY ETRANSFER to [stavilalunch@gmail.com](mailto:stavilalunch@gmail.com),**  
**or by POST-DATED CHEQUES to St. Avila Lunch Program, OR BY CASH IN THE SCHOOL OFFICE.**  
**If paying by etransfer, please indicate your childs' name in the memo.**  
**\*PAYMENT MUST ACCOMPANY EACH APPLICATION\***

## STUDENT INFORMATION

Child's Name (first and last):

Grade in 2024-2025:

Allergies and/or foods to avoid:

Other medical conditions:

## PARENT/GUARDIAN INFORMATION

Name:

Phone: Cell: Work:

Email:

Name:

Phone: Cell: Work:

Email:

## FEES

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The cost of the St. Avila Lunch Program is \$20.00 per month. This fee is subsidized by the Pembina Trails School Division. The lunch program runs as a non-for-profit organisation. Two payment options are available:

**Option 1 - Full Payment - \$200 by September 20, 2024.**

**Option 2 - Two equal payments of \$100.00 each. Payments are due by September 20, 2024 and February 7, 2025. If paying by cheque, please submit 2 post-dated cheques for September 20, 2024 and February 7, 2025, made payable to **St. Avila Lunch Program**.**

## PROGRAM EXPECTATIONS

1. Each student MUST bring his/her own lunch and cutlery. NO NUT PRODUCTS PLEASE.
2. 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.

Parents will be notified if there are behavioural concerns by the Lunch Program Coordinator or the school administration. If a child does not adhere to the behavioural expectations, the child may be suspended or withdrawn from the lunch program. Please note: The Lunch Program is run by our Lunch Program Coordinator. Messages may be left at 204-269-5677.

I acknowledge that my child fully understands the expectations as detailed above and that my child will abide by those rules. I understand that should I be in arrears for 2 months or more, my child may be withdrawn from the lunch program and would not be allowed to return until payment is received in full. It would be the parent/guardian's responsibility to make arrangements for an alternate location for lunch (other than at school).

Parent/Guardian Signature:

Date:

Student Signature:

Payment received:  Cash  Cheque  E-transfer  
 Full – payment  September payment  February Payment

Date: