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| <div>2025-2026</div> <div>ÉCOLE ST. AVILA LUNCH PROGRAM APPLICATION</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |
| <div>APPLICATION FORM MUST BE COMPLETED AND RETURNED BY September 30, 2025.</div> <div>PAYMENT MAY BE MADE BY ETRANSFER to <a href="mailto:stavilalunch@gmail.com">stavilalunch@gmail.com</a>,<br/>or by POST-DATED CHEQUES to <u>St. Avila Lunch Program</u>, or by cash at the school office.</div> <div><u>If paying by etransfer, please indicate your childs' name in the memo.</u></div> <div>*PAYMENT MUST ACCOMPANY EACH APPLICATION*</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |
| STUDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |
| Child's Name (first and last):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |       |
| Grade in 2025-2026:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |
| Allergies and/or foods to avoid:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |       |
| Other medical conditions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |
| PARENT/GUARDIAN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |       |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |       |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cell: | Work: |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |       |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |       |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cell: | Work: |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |       |
| FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       |
| <div>PAYMENT MAY BE MADE BY ETRANSFER to <a href="mailto:stavilalunch@gmail.com">stavilalunch@gmail.com</a>, POST-DATED CHEQUES, OR BY CASH IN THE SCHOOL OFFICE.</div> <div><u>If paying by etransfer, please indicate your childs' name in the memo.</u></div> <div>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:</div> <div>Option 1 - Full Payment - \$200 by September 30, 2025</div> <div>Option 2 - Two equal payments of \$100.00 each. Payments are due by September 30, 2025 and February 6, 2026. If paying by cheque, please submit 2 post-dated cheques for September 30, 2025 and February 6, 2026, made payable to <b>St. Avila Lunch Program</b>.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |       |
| PROGRAM EXPECTATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |       |
| <div>1. Each student MUST bring his/her own lunch and cutlery. NO NUT PRODUCTS PLEASE.</div> <div>2. Students in the lunch program are expected to:<ul style="list-style-type: none"><li>Follow all school rules during the lunch program;</li><li>Use manners, indoor voice, listen and demonstrate respect to lunch program staff;</li><li>Act safely, respectfully, and responsibly – no sharing food; clean area when finished eating; all waste and recycling placed in appropriate bins.</li></ul></div> <div>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, Mme Akbar. Messages may be left for Mme Akbar at 204-269-5677.</div> <div>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).</div> |       |       |
| Parent/Guardian Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | Date: |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |       |
| <div>Payment received: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-transfer</div> <div>Full – payment <input type="checkbox"/> September payment <input type="checkbox"/> February Payment <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Date: |