

School: Michael Strembitsky SchoolSchool Year: 2018-19

Lunch-time supervision service is offered by the school so students have a safe place to have lunch. The cost to provide this service to families is shared between the school and parents. All students who stay at school for lunch must register for lunch-time supervision service.

COMPLETE THIS FORM TO REGISTER YOUR CHILD FOR LUNCH-TIME SUPERVISION SERVICE (ONE FORM PER CHILD)**STUDENT INFORMATION**

Name of student _____

Grade _____

Class _____

Please indicate how often your child will participate in the school lunch-time supervision program:

 Full-time Regular Part-time (a pro-rated fee, based on usage) Drop-in/Occasional (\$2.00/per day)Please indicate when you will be using the service:
_____To access drop-in services, please
contact the school office

A per student fee for the service was set for the school using the District fee formula.

The school's annual lunch-time supervision service fee per student is: \$ 150.00*Note: Receipts are issued for paid lunch fees. Canada Revenue Agency may consider lunch-time supervision fees to be a child care expense for the purposes of an income tax reduction.***PAYMENT OPTIONS** I will pay the full annual fee
by September 30 I will pay in equal monthly
installments I will pay for drop-in services
as I use them**OR** I qualify for a fee exemption (Administrative Regulation HH.AR) because: My child attends our designated attendance area school or special needs District
Centre program and we pay yellow bus fees. My child is in full day Kindergarten. My child's lunch is accommodated within the special needs District Centre program. I will access the alternate payment plan form to reduce my lunch-time supervision
service fee. This form is available on SchoolZone, or through the school office.

All students registered for lunch-time supervision are expected to follow the school's behaviour code of conduct expectations.

SIGNATURE OF PARENT/GUARDIAN

By signing and submitting this form, I am registering my child in the school's Lunch-Time Supervision Service program and agree to all terms outlined in this form. I have provided the school with my child's most recent medical and allergy information.

Signature _____

Date _____

Print Name _____

OFFICE USE ONLY Payment received

Date _____