



Ormstown Elementary school
REGISTRATION FORM

We will be welcoming members of the Club starting on September 19, 2016

Arrival time: **8 h 30**

NB : In order to ensure safe supervision, walkers cannot arrive at school earlier than the time indicated.

INFORMATION ON PAYMENTS

- 1 child: 3 payments of 15 \$ or 45 \$ per year
- Family: 3 payments of 25 \$ or 75 \$ per year

Payable in cash or by cheque to the attention of Breakfast Club of Canada, on following dates:

- Upon registration
- February 1st 2017
- April 1st 2017

If you have difficulty respecting these payment dates, it is important to contact the regional coordinator to make arrangement

If you want to know more about the Breakfast Club or if you are interested in the voluntary work, refer to the back of this form or contact your regional coordinator: Sylvie Laroché

Phone : 450-641-3230 or 1-888-442-1217 # 3380 Email : sylvie.laroché@clubdejeuner.org

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In order to be ready for the first breakfast of the year, please return this completed form with the first payment to the secretary or to the school club's head volunteer before September 12. *You may register your child at any time.

PLEASE PRINT

BREAKFAST CLUB OF THE SCHOOL: Ormstown Elementary school

IN THE MORNING, MY CHILD: is at the daycare is walking arrives by school bus

First name : _____	First name : _____	First name : _____
Last name : _____	Last name : _____	Last name : _____
Date of birth : D ___/M ___/Y ____	Date of birth : D ___/M ___/Y ____	Date of birth : D ___/M ___/Y ____
Grade : _____	Grade : _____	Grade : _____
Food intolerances : _____	Food intolerances : _____	Food intolerances : _____
*Food allergies _____	*Food allergies _____	*Food allergies _____
Need Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Need Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Need Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO

**** If your child has severe food allergies, you must contact the coordinator BEFORE the first breakfast.***

Authorizations

Allergies, disease or emergency :

I agree to allow the school to transmit the "health information form" to the club YES NO

Media : I agree to allow my child to be filmed, photographed or interviewed for purposes of promoting the Breakfast Club: YES NO

Volunteering : I allow my child to be volunteer at the Breakfast Club (if the program is running in this club): YES NO

PARENT'S NAME : _____

PHONE : _____ CELLULAR : _____ EMAIL : _____

SIGNATURE REQUIRED : _____ **DATE :** _____

I would like to receive information about volunteer opportunities at the Breakfast Club of Canada: YES NO