

Gerald Mesnane School

INFORMATION AND APPLICATION FOR LUNCH AT SCHOOL 2010-2011

- The following items are not allowed in our lunchroom: soft drinks, “fast food” items and dried soup mixes. **Please keep sweets to a minimum.**
- You must pre-cut items so that students do not bring knives to school. If a spoon or fork is required, please include it in the lunch box.
- Juices will not be sold at school and therefore must be included in your child’s lunchbox.
- If a child is to take medication at lunchtime, please send a note to the lunch supervisor explaining the dosage.
- For reasons of safety and hygiene, microwaves will no longer be available to student, including Kindergarten students.
- **ALLERGIES: All types of nuts, peanut butter and foods containing nut products are not permitted at school. Allergies to nut products are constantly on the increase and can cause serious health problems.**

For the protection and safety of everyone, children must:

- Respect and obey the lunch supervisors at all times.
- Keep the lunchroom and tables clean.
- Remain seated until it is time for the students at their grade level to go outside.
- Never throw food or lunch bags around in the lunch room.
- Never leave the school property during lunchtime.

After lunch, weather permitting, all students are taken outside for lunch recess.

**Please complete the attached document and return to school by
Tuesday, August 31st, 2010.**

APPLICATION FOR LUNCH AT SCHOOL 2010-2011

Please complete this sheet and return it to the homeroom teacher via your child by Tuesday, August 31st, 2010. The lunch supervisors will keep this form and will use the information to contact you, if necessary.

Name of Child: _____ Class: _____

Teacher's Name: _____

Address: _____

Home Telephone Number: _____

➤ Numbers where parents can be contacted if not at home:

Mother's Number at Work: _____

Father's Number at Work: _____

Emergency Phone Number: _____

➤ Medical or other information that may be useful to the supervisor:

➤ Please list any allergies to foods: _____

Parent's Signature: _____ Date: _____

Information for Tax Receipt Purposes

Main Payer: _____

Social Insurance Number: _____

If you refuse to give your social insurance number (mandatory information according to the provincial tax law as demanded by the school board), please sign below:

Signature: _____ Date: _____