

Earl Haig P.S. MEAL PROGRAM REGISTRATION FORM
& Lunch Information

I give permission for my son/daughter _____
Student name (please print)

in grade _____, in classroom _____,

teacher's name _____ to take part in

the meal program at Earl Haig P.S.

Please complete the following sections, listing any special health or dietary concerns or restrictions for your child.

FOOD ALLERGIES: _____

FOOD RESTRICTIONS: _____

DATE

Parent/Guardian Name (Please print)

Parent/Guardian Name (Signature)

(Home phone number)

(Work phone number)

Please send your form back by Wednesday Sept 30th to your classroom teacher.
Program will start on Monday October 5th.