

**NORTHLEA ELEMENTARY & MIDDLE SCHOOL  
LUNCH PROGRAM REGISTRATION FORM**

Name(s) of Student: \_\_\_\_\_ Grade \_\_\_\_ Room \_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_ Room \_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_ Room \_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_ Room \_\_\_\_

**Lunchroom Supervision is required for: (please circle)**

Every Day    Monday    Tuesday    Wednesday    Thursday    Friday

**OR**

My child may participate in the following lunchtime activities. On those days he/she will be part of the lunchroom programme.

Choir \_\_\_\_\_ Band \_\_\_\_\_ Chess \_\_\_\_\_ Other \_\_\_\_\_

Please use the space below to give the reason for your child's attendance at the lunch programme.

\_\_\_\_\_  
\_\_\_\_\_

**(Note your child/children will be expected to attend the lunch program on all the days indicated above unless you provide a note for their absence). This note goes to the office.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone (during day): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies, including food, of which we should be aware? YES    NO

If yes, please provide details:

\_\_\_\_\_

Does your child have/need an EpiPen?    YES    NO

If yes, please provide details.

\_\_\_\_\_

**I have read the lunchroom programme/expectations and will support my child/ren in following them. I will call or write a note if they will not be eating in the lunchroom. Please refer to the Parent Handbook for the lunchroom information.**

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_