



WILKINSON JUNIOR SCHOOL

53 Donlands Avenue, Toronto M4J 3N7 • Tel: (416) 393-9575 • Fax: (416) 393-9578
Allan Kelly, Principal Leasa Adams, Vice-Principal

Lunch Program Registration Form 2012-2013

Student Name: _____

Grade: _____ Classroom: _____ Teacher: _____

Please select ONE:

_____ My child will be going home for lunch and will not be registered to remain at school during lunch

_____ My child will be registered to remain at school during lunch Monday to Friday.
Please circle days of participation if your child is not attending lunch program every day in the week:
M T W Th F
(We/I understand that our child will NOT be allowed to leave school property during the lunch hour unless under exceptional circumstances. Such requests must be made in writing by parents.)

Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Allergies/other health information: _____

It is understood students will:

- ❖ Be courteous and polite
- ❖ Observe school Code of Behaviour
- ❖ Cooperate with lunch supervisors and staff on duty
- ❖ Not leave school property during the lunch hour without written permission from parent(s) to the school

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____