



CHATEAUGUAY VALLEY RÉGIONAL HIGH SCHOOL

REGISTRATION FORM

We will be welcoming members of the Club starting on September 24, 2018.

Breakfast is served from 8h 10 to 8h 30

INFORMATION ON PAYMENTS

- 1 student: 3 payments of 25 \$ or 75 \$ per year
- Family: 3 payments of 40 \$ or 120 \$ per year

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

- Upon registration
- February 1st 2019
- April 1st 2019

If you have difficulty respecting these payment dates, it is important to contact the school's coordinator to make arrangements

If you have questions about the Breakfast Club of Canada or interested in volunteering, contact the school or VP Ms. Taylor

Phone : 450-829-2381 Email : etaylor@nfsb.qc.ca



Please return this completed form with the first payment to the secretary or to the school club's head volunteer before September 17

**** If you have 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 be filmed, photographed or interviewed for purposes of promoting the Breakfast Club of Canada:

YES NO

Volunteering: I would like to be a volunteer at the schools breakfast club program:

YES NO

My parent wishes to become a volunteer at the school's breakfast club :

YES NO

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 intolerance: _____	Food intolerance: _____	Food intolerance: _____
*Food allergies _____	*Food allergies _____	*Food allergies _____
Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE REQUIRED : _____

DATE : _____

Parent's signature for students under age 14

PHONE : _____ EMAIL : _____