



GOOD BREAKFAST, GOOD TIMES!

BREAKFAST CLUB OF CANADA's program are available to every student at your school.

| TO REGISTER, simply fill out the form on the back of this letter. | | | |
|---|--|--|--|
| THE BENEFITS OF HAVING BREAKFAST WITH US: | | | |
| It's a great opportunity to make new friends and bond over a Start your day in a friendly atmosphere! nutritious breakfast! | | | |
| Enjoy a delicious meal served right at your school. For example: Fruits, cheese, yogurt, cereal, raisin bread and even more! | | | |
| We rely on your contributions for your school's club to remain sustainable. We ask parents to make a contribution for registered students (see details on the back). | | | |
| We wish you an amazing school year, and we look forward to welcoming students to the club! | | | |
| (Fill out the form and return to your school) | | | |
| What is the key to your club's success? | | | |
| VOLUNTEERS OF COURSE! | | | |
| Without them, a club cannot provide breakfast. | | | |
| If you enjoy team work, being in contact with teenagers and you own a good alarm clock, come join the team! If you are not available, please spread the word to help us find some volunteers. | | | |
| If you get involved as a volunteer at least once a week at your school's club, the parental contribution is no longer required. | | | |
| I want to be a club volunteer: | | | |
| Availability: | | | |
| NAME: EMAIL: | | | |
| PHONE: Relationship to child: | | | |
| I would like to receive information about volunteering at Breakfast Club of Canada: \Box YES \Box NO | | | |

Your area's head volunteer will contact you very soon with more information. Thank you!





REGISTRATION FORM

The club will serve breakfast throughout the school year starting September 16, 2019.

*Registration throughout the school year

Breakfast is served between 8:10 AM and 8:35 AM

| Parental contributions: | | |
|--|---|--|
| • <u>Daily:</u> \$0.50/day or • <u>1 child</u> : 3 in | stallments of \$25 or \$75 per year or • <u>Fam</u> | nily: 3 installments of \$40 or \$120 per ye |
| Payable by cash or by cheque to the orde | of Chateauguay Valley Regional High Sch | ool, following this payment schedule: |
| | | |
| Upon registration (Sept | ember 2019) • February 1, 2020 | • April 1, 2020 |
| If you need to discuss your payment sche | dule or to make other arrangements, plea | ise talk to your head volunteer or schoo |
| Head volunteer or School contact: Eve | line Taylor (Vice Principal) Phone: 450-8 | R29-2381 Fmail: etaylor@nfsh.gc.ca |
| | reakfast Club of Canada, please go to www | · |
| | istration form to your school contact or di | - |
| | *You may also register at any time durir | ng the school year. |
| PLEASE PRINT THE APPLICABLE INFORM | ATION Name of your school: | |
| TECHOL FINITE FILE FILE FILE FILE FILE FILE FILE FIL | - Indiana di yadi sanadi | |
| 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 |
| | | |
| *Allergies | *Allergies | *Allergies |
| Epipen □YES □NO | Epipen OYES ONO | Epipen |
| * In case of severe food allergies, p | lease contact your head volunteer or s | chool contact BEFORE attending the |
| | program. | |
| | A that starts as | |
| <u>Authorizations</u> <u>Media consent</u> : Breakfast Club of Canada may photograph/video/interview me for promotion purposes: ☐ YES ☐ NO | | |
| Volunteering (student): I wish to volunteer | □ YES □ NO | |
| | , | |
| Allergies, illnesses and emergencies: The sc | nool can share my health information with the | e club: YES INO |
| Mandatory SIGNATURE: | | DATE: |