**HENRY G. IZATT MIDDLE SCHOOL LUNCH PROGRAM**

**REGISTRATION FORM 2017– 2018**

**Please print**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

d m y

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher’s Name & Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work # \_\_\_\_\_\_\_\_\_\_\_\_ Home#\_\_\_\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE CONTACT PERSON IN CASE OF EMERGENCY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any health problems we should be aware of? 🞏 Yes 🞏 No. If YES please give full details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If** **changes to the above information happen during the year please inform the school office or lunch program supervisor ASAP.**

**Emergency Procedure**

If your child should become ill or injured during the lunch hour, we will notify you if possible. However, if it is an emergency 911 will be called and treatment will be administered accordingly. Paramedics will decide which hospital to transport to depending on the severity of the injury. While we hope we will never have to use your authorization, we would appreciate it if you would grant us this authority by completing the bottom part of this form. In the event that an ambulance is deemed necessary, the parent / guardian shall be billed for this service.

**Please check (✓):**

I agree with this procedure \_\_\_\_\_ or I disagree with this procedure and prefer \_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature on this form indicates that you have read and understand the behavioral expectations / guidelines set out by the Henry G. Izatt Middle School Lunch Program and will comply with them.

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

Parent / Guardian Signature Date

My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in homeroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has paid for (please 🗸) □ #1 full time □ #2 semi- annually □ #3 family □ #4 monthly