

# Quadra Elementary School Meal Program

*"We believe a good lunch provides students with the nutritional energy to excel at learning".*

## FEBRUARY 2020

If you wish your child to participate in the School Meal Program for this month, this form must be signed and returned to the school office by: **Friday, February 7, 2020**

Our lunch program is changing to a NEEDS only program.

The lunch program will continue but with a different focus. We are moving to a NEEDS only program. Families who have used the program in the past because it is easier than making lunch at home are asked NOT to register under these new guidelines. To reduce the cost for those in need, we have eliminated the beverage. With plenty of drinking water available from our new fountains.

CommunityLINK Programs will still help fund the School Meal Program, and continue to need your contributions. Your child's lunch costs the School District \$4.20 per day. Families in need of this program are asked to contribute their Fair Share that they can manage at the time.

Some suggested payment options might be:

- 1) Pay full cost for the first child and half for each additional child.
- 2) Pay \$25 dollars for the first child and \$10.00 for each additional child.
- 3) Whatever contribution your family can afford, no matter how small.
- 4) If you are unable to contribute this month, your child or children are still welcome to register for the program.

No child should go hungry at lunch and each family should support the program with whatever amount is possible.

***Thank you for contributing Your Fair Share!***

***Consent/Contribution Form – Please return this form by Friday, February 7, 2020***

I give permission for my child(ren) to participate in the School Meal Program. Contributions may be paid in cash, or by cheque – payable to the **Quadra Elementary School Meal Program.**

The cost for the month of *February* is **\$75.60** per child (18 days @ \$4.20)

I am able to contribute \$ \_\_\_\_\_ for this month.

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Phone: \_\_\_\_\_

***Protection of Privacy:***

The information on this form is required and will be used solely for the purposes of accounting. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection of this information can be directed to the Program Coordinator.

**Please note**

*The School Meal Program can only accommodate milk and orange juice allergies. We cannot adjust the menu for children who do not like an item. Please review the monthly menu with your child and if your child cannot eat or does not like a certain item, please send a substitution that day and the School Meal Program will provide the rest of the meal.*