



ÉCOLE NESBITT SCHOOL

6108 8th Avenue, Montreal, Quebec H1Y 2M2
Tel.: (514) 721-2850 ~ Fax: (514) 721-2060



Breakfast Club

Registration Form and Fee Info

Dear parent(s)/guardian(s),

Thank-you for registering your child in the breakfast club. Please see the information below regarding start dates and participation fee.

The breakfast club is scheduled to begin on Tuesday, October 11, 2016. The participation fee is as follows:

Number of children	Participation fee
1	\$45.00
2 or more children	\$75.00

Please confirm your child(ren)'s participation and include the fee in a clearly labelled envelope **BREAKFAST CLUB**. **Payment deadline date: October 11, 2016**

CONFIRMATION of PARTICPATION and PAYMENT

Deadline: October 11, 2016

BREAKFAST CLUB OF CANADA: NESBITT SCHOOL

PLEASE PRINT

IN THE MORNING, MY CHILD: is at the daycare walks to school arrives by school bus

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

*** If your child has severe food allergies, you must contact the coordinator BEFORE the first breakfast.**

Connie Petosa Phone : 450-641-3230 ext. 3361 Email : connie.petosa@clubdejeuner.org

Authorizations

Allergies, disease or emergency :

I agree to allow the school to share my child's Health Information Form with the Breakfast Club. YES NO

Media : I agree to allow my child to be filmed, photographed or interviewed for purposes of promoting the Breakfast Club: YES NO

I have included the participation fee: CASH CHEQUE payable to Breakfast Club of Canada

PARENT'S NAME : _____

PHONE : _____ CELLULAR : _____ EMAIL : _____

SIGNATURE REQUIRED : _____ DATE : _____