***Craigflower Elementary Lunch Program***

***March 2023***

If you wish your child to participate in the Lunch Program for the month of March

**this form must be signed and** **returned to the school office by Monday,** **March 6, 2023**

**We believe no child should go hungry at school -** CommunityLINK Programs help fund the Lunch Program, but we need your contributions to help keep the program available for all students at our school. Your child’s snack costs Craigflower **$4.00 per day,** and includes 1/3 of their daily Recommended Nutrient Intake (RNI). Families who use the Program are asked to pay one of the options listed below:

**Some suggested payment options might be:**

1) Pay full cost per child ($80 dollars per child)

2) Pay 75% ($60 dollars per child)

3) Pay the minimum 50% ($40 dollars per child)

4) If you are unable to contribute the minimum, please contact the school to make other arrangements.

* Food may include:
  + Pizza Pop (Monday)
  + Meatball sub (Tuesday)
  + Pizza bagels (Wednesday)
  + Sandwich filled with turkey or cheese (Thursday)
  + Chicken nuggets (Friday)
  + 1 piece of seasonal fruit or vegetable: banana, apple, orange, pear, carrots, cucumber
  + Granola bar, yogurt
* *The Lunch Program does not supply a beverage.*

***Consent/Contribution - Please return this form by* March 6, 2023**

I give permission for my child(ren) to participate in the Nutritional Snack Program. Payment may be paid in cash, online (<https://www.schoolcashonline.com/> or by cheque – payable to **Craigflower Elementary Lunch Program.**

The cost for the month of March ***is $52.00 (13*** days @ $4.00) per child.

I am able to pay $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(minimum payment $40 or contact the school) for the month of March.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Div\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Div\_\_\_\_\_\_\_

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.