

**OUR LADY OF CALVARY LUNCH PROGRAM
GENERAL RULES AND PERMISSION FORM 2017 - 2018**

1. Participation in the school Lunch Program is a privilege. Because the lunch period is part of the school day, proper behavior is expected and required. Non-compliance with the school Discipline Code or with those rules particular to the Lunch Program will warrant dismissal from the Program. It will be then the responsibility of the Parent/Guardian to find accommodations for lunch elsewhere.
2. **For security reasons, no one is permitted to visit any student during lunch in school or in the schoolyard without permission from the school office.**
3. Students are not permitted to leave the school premises during the lunch period without a written parental request and school office approval.
4. **Soda is not permitted in any container.** Any beverage in a can is not permitted. Hot lunches are not permitted except for those purchased through school on appointed days.
5. All students who stay for lunch must have a terry cloth towel to cover the desk. Using a towel greatly reduces exposure to germs.
6. **The Lunch Fee is \$10.00 per month per child. THIS FEE IS TO BE SENT IN ON THE FIRST MONDAY OF EACH MONTH IN THE FAMILY ENVELOPE PROVIDED BY THE SCHOOL. The entire fee may be sent in one payment of \$90.00 per child.**
7. Should you wish to remove your child from the Program at any time during the year, you must send in a written note addressed to the Vice Principal.
8. Further information regarding the Lunch Program may be found in the school calendar.

*****PLEASE COMPLETE THIS PORTION OF THE FORM AND RETURN IT TO SCHOOL IMMEDIATELY. NO STUDENT WILL BE PERMITTED IN THE PROGRAM UNLESS THIS FORM IS COMPLETED. KEEP THE TOP PORTION FOR FUTURE REFERENCE.**

My child(ren) and I have read and discussed the school rules. We understand that any transgression from these rules will result in his/her dismissal from the Lunch Program. I also waive and release Our Lady of Calvary School and Parish and all individuals working in connection with the Lunch Program from any and all possible claim of injury to person or property which might arise in connection with my child's participation in the activities sponsored or provided by the Lunch Program.

Please indicate beside your child's name any medical problems that we should be aware of: e.g., nose bleeds, convulsions, allergic reactions (bee stings, etc.) high fevers, etc. We want to be prepared in case of an emergency.

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| <u>STUDENT NAME (PLEASE PRINT)</u> | <u>HOMEROOM</u> | <u>MEDICAL PROBLEMS</u> |
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SIGNATURE OF PARENT/GUARDIAN

DATE _____