

2020-2021 Lunch Bunch

Day(s) chosen:

Monday

Tuesday

Wednesday

Thursday

Child Information

Child's Name _____

Child's Teacher & Room Number (if known) _____

Child's Age Group

3s

4s

Pre-K

Parent/Guardian Information

Parent/Guardian Name(s) _____

Home Phone _____

Cell Phone _____

Work Phone _____

Other Phone _____

Emergency Information

1. Name/Relationship _____ Phone _____

2. Name/Relationship _____ Phone _____

Medical Information

Doctor's Name _____ Phone _____

Allergies _____

Other Medical Information _____

Medical Consent

I hereby give permission for medical treatment by a doctor in case of an emergency.

Parent/Guardian Signature

Insurance Name & Policy Number

Office Use Only:

Payment received with application:

Date _____ Amount _____ Cash/Check # _____

Registration

Annual Payment

Installment Payments