

Waverly Park School

Lunch Program by Parent Council

Registration Form 2026 - 2027

To be officially registered, this form must be signed and e-mailed to the Parent Council at **WaverlyParentCouncil@gmail.com**

An invoice will be generated and sent to you once you have registered. Please do not send payment until you have received your invoice. *Watch your spam or junk mail box for your incoming invoice.*

PAYMENT OPTIONS

- Payment Options: You can choose to pay in one full payment of \$300 for the entire school year or two equal installments of \$150—one due September 7th, 2026 and the other in February 1st, 2027.
- Payment Methods: E-transfer payments can be made to WaverlyParentCouncil@gmail.com. Please include the **invoice number**, your name and your child's name in the comment section
- Cheques are payable to **Waverly Park School Lunch Program** with the **invoice number** in the memo section
Cheques can be delivered to the school office before June 26th, 2026 or again in September 2026

NO CASH PAYMENTS PLEASE

DO NOT SEND PAYMENTS UNTIL YOU HAVE RECEIVED AN INVOICE

- Payment Deadline: Payments to be completed by **September 7th, 2026**
- Refunds: No refunds for missed days. There will only be refunds issued if the student is transferring out of the school. The unused portion of the user fee will be refunded.
- Returned Cheques: A fee will be applied for NSF cheques.

I have read and understand the Guidelines and Expectations and have reviewed them with my child. They understand and will abide by the behavioural expectations outlined.

_____ Parent Signature _____ Date

Waverly Park Parent Council Registration Form 2026 - 2027

Options: (please check all that apply)

1a	First Child: Full time - \$300	Kinder \$150
1b	Winter time only - \$160	Kinder \$80
2a	Second Child: Full time - \$250	Kinder \$125
2b	Winter time only - \$130	Kinder \$65
3a	Third Child: Full time - \$200	Kinder \$100
3b	Winter time only - \$120	Kinder \$60
4	Punch Card: \$40 / 10 passes	-

Child's Name: _____ Grade : _____ Teacher: _____

Child's Name: _____ Grade : _____ Teacher: _____

Child's Name: _____ Grade : _____ Teacher: _____

Parents/Guardian Name:		Parents/Guardian Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Home/Cell #:		Home/Cell #:	
Work #:		Work #:	
Email Address:		Email Address:	

Emergency Contact #1: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

Medical Concerns: _____

Payment method: E-transfer Post-Dated Cheques Payment due: **SEPT 7, 2026**
 One Full Payment Two Half Payments