

## GOOD BREAKFAST, GOOD TIMES!

The Breakfast Club of Canada is a program that recognizes that offering students a balanced, nutritional breakfast in a calm and respectful environment helps to improve their behavior, concentration and their scholastic performance.

For this reason, we offer our breakfast to each child who registers!

### The benefits of joining us for breakfast :

- ✓ **It's a great opportunity to make new friends and bond over a nutritious breakfast!**
- ✓ **Start your day in a friendly atmosphere!!**
- ✓ **Enjoy a delicious meal served right at your school. Our breakfasts include: Fruits, cheese, yogurt, cereal, raisin bread and more!**

**The club will serve breakfast throughout the school year starting on October 17<sup>th</sup>, 2019.**

Arrival times: 7:42 AM

***Please note*** : Arrival times above must be respected to ensure your child's safety.

**In order to assure the continuation of our program, we ask that parents contribute a small fee.**

#### **Parental contributions:**

- 1 child: 40\$ per year
- Family (2 children or more): 70 \$ per year

Parents can pay by cash or cheque, payable to Nesbitt School

Parents can register at anytime throughout the year

***Please contact the school if payment is an issue. We do not deny breakfast based on payment.***

**Head volunteer or School contact: Francesca Lasala Phone: 514-721-2850 Email: [flasala2@emsb.qc.ca](mailto:flasala2@emsb.qc.ca)**

To find out more about Breakfast Club of Canada, please go to [www.breakfastclubcanada.org](http://www.breakfastclubcanada.org)

**We wish you an amazing school year, and we look forward to welcoming your children to the club!**



## Registration Form

**Please return your completed registration form to your school contact or directly to the head volunteer before Oct. 11.**

*\*You may also register at any time during the school year.*

CHILD'S MORNING ROUTINE:  is at day-care  arrives on foot or by car  arrives by bus

First name : \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (YYYY / MM / DD)

Grade : \_\_\_\_\_

Food intolerances \_\_\_\_\_

\*Allergies \_\_\_\_\_

Épipen  YES  NO

***\* In case of severe food allergies, please contact your head volunteer or school contact BEFORE attending the program.***

### Authorizations

**Media consent:** Breakfast Club of Canada may photograph/video/interview my child for promotion purposes  YES  NO

**Young volunteers:** My child may volunteer at his/her school's breakfast program  YES  NO

**Allergies, illnesses and emergencies:** The school can share my child's health information with the club  YES  NO

PARENT NAME : \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELLULAR : \_\_\_\_\_

EMAIL : \_\_\_\_\_

MANDATORY SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_