welcome to the breakfast program!

We are pleased to bring you an adapted breakfast program so that students can have access to healthy food in a nourishing and comforting environment in the wake of the COVID-19 crisis. The program is designed specifically to comply with public health guidelines and will be operated in collaboration with Breakfast Club of Canada.

**What can you expect this year?**

* A healthy and delicious breakfast
* Positive impacts such as helping to improve student’s concentration, scholastic performance and behavior.
* Individually packaged items (fruit, cheese, yogurt, cereal, granola bars and more)
* Breakfast delivered to classrooms for students

to eat at their desks

Breakfast will be served to students every day at \_\_Time\_\_\_throughout the school year, starting on \_\_Date\_\_\_ .

**The program is available to every student and you are free to register at any time throughout the year. Please contact the school if you have any questions:**

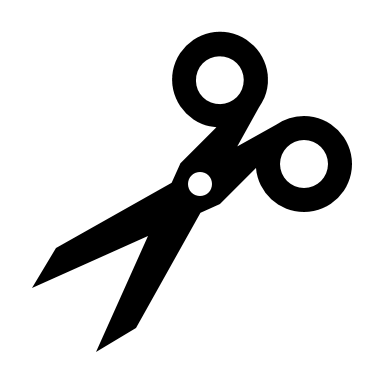
School contact’s name Phone: Email:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

**We ask for a voluntary donation. We suggest a contribution of 45$ for the school year for one child or**

**75$ for two or more children.**

**Your contributions keep our school’s club sustainable!**

*Your donation is payable by cash or by cheque to the order of XXXXXX school. You can give it to XXXX (teacher/head volunteer/secretary/others)*



**If you wish to register for the Breakfast Program, please clearly print the information below:**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will participate in the breakfast program. (Student Name and class number)

**Authorizations**

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

**Young volunteers:** I accept that my child may volunteer at his/her school’s breakfast program if needed **🞎 YES 🞎 NO**

**Allergies, illnesses and emergencies:** My child’s health information can be used for the breakfast program. **🞎 YES 🞎 NO**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Name |  | Signature |  | Date |  | Email |  | Telephone |