



ADD SCHOOL LOGO

GOOD BREAKFAST, GOOD TIMES!

BREAKFAST CLUB OF CANADA's program are available to every student at your school.

TO REGISTER, simply fill out the form on the back of this letter.

THE BENEFITS OF HAVING BREAKFAST WITH US:

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. For example: Fruits, cheese, yogurt, cereal, raisin bread and even more!

We rely on your contributions for your school's club to remain sustainable. We ask parents to make a contribution for registered students (see details on the back).



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

(Fill out the form and return to your school)

What is the key to your club's success?

VOLUNTEERS OF COURSE!

Without them, a club cannot provide breakfast.

If you enjoy team work, being in contact with teenagers and you own a good alarm clock, come join the team! If you are not available, please spread the word to help us find some volunteers.

If you get involved as a volunteer at least once a week at your school's club, the parental contribution is no longer required.

I want to be a club volunteer:

Availability: Monday Tuesday Wednesday Thursday Friday
Frequency: per week every other week

NAME: _____ EMAIL: _____

PHONE: _____ Relationship to child: _____

I would like to receive information about volunteering at Breakfast Club of Canada: YES NO

Your area's head volunteer will contact you very soon with more information. Thank you!



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REGISTRATION FORM

The club will serve breakfast throughout the school year starting _____ (starting date to come up).

*Registration throughout the school year

Breakfast is served between _____ and _____ (time)

Parental contributions :

- **1 child:** 3 installments of \$25 or \$75 per year
- **Family:** 3 installments of \$40 or \$120 per year

Payable by cash or by cheque to the order of _____ school, following this payment schedule:

- Upon registration
- February 1, 20__
- April 1, 20__

If you need to discuss your payment schedule or to make other arrangements, please talk to your head volunteer or school contact.

Head volunteer or School contact: _____ Phone: _____ Email: _____

To find out more about Breakfast Club of Canada, please go to www.breakfastclubcanada.org



*Please return your completed registration form to your school contact or directly to the head volunteer before _____ . *You may also register at any time during the school year.*

PLEASE PRINT THE APPLICABLE INFORMATION

Name of your school: _____

First Name: _____ Last Name: _____ Date of birth : D___/M___/Y___ Grade : _____ Food intolerance _____ *Allergies _____ Epipen <input type="checkbox"/> YES <input type="checkbox"/> NO	First Name: _____ Last Name: _____ Date of birth : D___/M___/Y___ Grade : _____ Food intolerance _____ *Allergies _____ Epipen <input type="checkbox"/> YES <input type="checkbox"/> NO	First Name: _____ Last Name: _____ Date of birth : D___/M___/Y___ Grade : _____ Food intolerance _____ *Allergies _____ Epipen <input type="checkbox"/> YES <input type="checkbox"/> NO
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** 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 me for promotion purposes: YES NO

Volunteering (student): I wish to volunteer at my school's club (see details on the back) YES NO

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

Mandatory SIGNATURE: _____ **DATE:** _____

HOME PHONE: _____ CELL: _____ EMAIL: _____