

Appendix H Sample Program Announcement and

Registration Form

Dear Parent(s)/Guardian(s) Recently, _____ School asked our school community if they thought our students would benefit from a Nutrition Program. As a result of discussion with **list the parents, teachers, school council etc.** as well as the survey sent to parent(s)/guardian(s), our schools is going to start a **type of program** program. The **name of program** will start at **time of day** and run **number of days of the week.** The program is open to all children. There are many benefits to having a student nutrition program available to our students. Research has shown that student nutrition programs improve learning and classroom behavior. They allow children to eat with their friends and give tghem the opportunity to try a variety of new food, which are appealing, culturally diverse, tasty and nutritious. Lastly, the programs' focus on nutrition supports the Ontario curriculum. If you are interested in having your child/ren participate in the **Name of program**, please complete the information on the back of this letter and return it to your child's teacher by _____.

Thank you, Yours truly, School Principal

Sample School Nutrition Program Registration Information Form

Please Print: _____ agree to let

_____ in
(Parent/Guardian's Name) (Student's Name)

grade: _____ take part in the School Nutrition Program. His/her teacher

is _____ in room: _____.
(Teacher's Name)

Please list any special health or dietary concerns for your child by answering the following questions.

- 1 Does your child have any **dietary restrictions**? Please be specific.
- 2 Does your child have any **allergies**? E.g. is your child allergic to milk/dairy products? Please list any food allergies, inhaled allergies or skin contact allergies.

All **donations** are gratefully accepted. Please find enclosed in the unmarked envelope, my contribution to our school nutrition program. Enclosed is \$_____ for the month of _____, or for the 3-month period of _____. (All children are welcome to participate regardless of their family's contribution to the program.)

I would be willing to assist the program by **volunteering** 1-2 hours/week:

Yes _____ No _____ If you are able to volunteer, please print your name, address and telephone number. Name:

_____ Address:

_____ Telephone

Number(s): _____

Thank you for completing this form and returning it to your child's teacher by _____.