



### 2020-2021 Meal Plan Information

Student Name: \_\_\_\_\_

Parent and/or Guardian: \_\_\_\_\_

Address \_\_\_\_\_

Contact Number(s): \_\_\_\_\_  
\_\_\_\_\_

Email(s): \_\_\_\_\_  
\_\_\_\_\_

<b>Payment Options:</b>	<input type="checkbox"/>	Cash
Semester 1: \$ 1100.00 <input type="checkbox"/>	<input type="checkbox"/>	Cheque (payable to "The Hill Academy")
Semester 2: \$ 1100.00 <input type="checkbox"/>	<input type="checkbox"/>	E-transfers (accounting@thehillacademy.com)
	<input type="checkbox"/>	Credit Card (provide credit card details below)
Amount: _____	Type of Card: (Visa or Mastercard): _____	
Credit Card Number: _____		
Expiry Date: _____		
Name on Card: _____		
I, _____, hereby authorize <b>The Hill Academy</b> , to process the above amount using my credit card for payment of the 2020-2021 Hill Academy Lunch Program.		

**ALLERGIES:** (Note: The Hill Academy and its environment is **NOT** a nut free environment. All efforts will be made to prepare foods specific to your child's needs).

This is to declare that my child has the following food allergies and carries the following for such allergy:

\_\_\_\_\_  
Epi-pen   
Benadryl   
Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Signature Print Name Date



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