



2021-2022 Lunch Plan Form

Student Name: _____

Parent and/or Guardian: _____

Address _____

Contact Number(s): _____

Email(s): _____

Payment Options:

- Cash
- Cheque (payable to "The Hill Academy")
- E-transfers (accounting@thehillacademy.com)
- Credit Card (provide credit card details below)

Semester 1: \$ 1300.00

Semester 2: \$ 1300.00

Amount: _____ Type of Card: (Visa or Mastercard): _____

If you do not want to participate in the meal plan for 2nd semester, you need to inform us in writing before January 15, 2022 or it is assumed that you wish to continue with this service and be charged accordingly.

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

I, _____, hereby authorize **The Hill Academy**, to process the above amount using my credit card for payment of the 2021-2022 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