## 2021 Request for Summer Lunch Program

## CHILDREN WILL BE SERVED ON A FIRST COME, FIRST SERVE BASIS FORM IS DUE BY Friday, April $30^{\rm th}$ to the School Counselor Submitting form late may result in delay in delivery and/or not receiving lunch services.

| NAME OF PARENT / GUARDI  | AN:  |   |  |   |
|--|--|---|--|---|
| HOME ADDRESS:  |  | PHONE NUMBER: BEST TIME TO CONTACT:                                       |  |   |
|  | ·  |   |  |   |
| Oo the parents speak English? Primary language (if other than English)                         |  |   |  |   |
| Email address:   |  |   |  |   |
| LUNCH REQUEST: (please   | continue on back if ne   | eded)   |  |   |
| Name of Child  | Age  | Sex   | Grade  |   |
|  |  |   |  |   |
|  |  |   |  |   |
| Directions to the home for   | . dali:  |   | assist in locating the home)   |   |
| First day  Four Season  I will NOT be at home to acce  MONDAY  DOES YOUR CHILD/CHILREN  NO YES | of delivery will be Mondang  S Mobile Home Park wing  I LINGTON TO THE SOLUTION OF THE SOLUTIO | Il not be served there if and glass: NESDAY THURS RGIES OR SPECIAL RELIGI | lay will be Friday, July 23rd other sponsor is serving there.  DAY FRIDAY                                  |   |
| IF YES, PLEASE SPECIFY FC  | R EACH CHILD: (please  | continue on back if needed)   |  | _ |
| and address information to facilitate deliver of the sack  PARENTS: THIS FORM IS               | he sponsors for the 202 lunches requested.  VERY IMPORTANT. E  | 21 Summer Sack Lunches.   | ervices to give my family member's nam This information will only be used to  BE ANSWERED. PLEASE FILL OUT | е |
| COMPLETELY FOR YOUR  | CHILD'S SAFETY.  |   |  |   |
| Parent/Guardian Signature  | Date   |   | Relationship to Child /Children  |   |

Date

Referral Log Number

Case Worker/School Counselor Signature