2019 Request for Summer Lunch Program

CHILDREN WILL BE SERVED ON A FIRST COME, FIRST SERVE BASIS
FORM IS DUE BY Friday, April 12th to the School Counselor
Submitting form late may result in delay in delivery and/or not receiving lunch services

NAME OF PARENT / GUARDIAN: _____

HOME ADDRESS: _____ PHONE NUMBER: _____

_____ BEST TIME TO CONTACT: _____

Do the parents speak English? _____ Primary language (if other than English) _____

Email address: _____

LUNCH REQUEST: (please continue on back if needed)

Name of Child	Age	Sex	Grade

Directions to the home for delivery: (please include any special notes to assist in locating the home)

_____

_____

Lunches will be delivered Monday through Friday, with some exceptions.
First day of delivery will be Monday, June 3, and the last day will be Friday, July 26th
Lunch will not be served on Thursday, July 4th
Four Seasons Mobile Home Park will not be served there if another sponsor is serving there.

I **will NOT be at home** to accept lunches on the following days:

_____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

DOES YOUR CHILD/CHILREN HAVE ANY FOOD ALLERGIES OR SPECIAL RELIGIOUS REQUESTS?
_____ NO _____ YES

IF YES, PLEASE SPECIFY FOR EACH CHILD: (please continue on back if needed)

_____

I give my permission for Fayette County Department of Family and Children Services to give my family member's name and address information to the sponsors for the 2019 Summer Sack Lunches. This information will only be used to facilitate deliver of the sack lunches requested.

PARENTS: THIS FORM IS VERY IMPORTANT. EACH QUESTION MUST BE ANSWERED. PLEASE FILL OUT COMPLETELY FOR YOUR CHILD'S SAFETY.

_____
Parent/Guardian Signature Date Relationship to Child /Children

_____
Case Worker/School Counselor Signature Date Referral Log Number