



Dear Parents/Guardians,

_____ in partnership with St. Mary's Food Bank, will be providing free meals to children 18 and under. We are allowing parents to pick up for ALL kids living in the household, whether they are present at the time of pick up or not. All we need is the following information:

| Student Name(s) | Age | Grade |
|-----------------|-----|-------|
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By signing below:

I affirm that the information above is correct, and I am the parent/guardian for the child(ren) listed on this form and no one else may claim them for this program. The meals cannot be shared with non-children, and I will NOT receive summer meals from another USDA Summer Meal program; this is against USDA rules and regulations.

Parent/Guardian Signature: _____

Date: _____