

Parish: St. Martin Parish

## Meal Box Sign Up Form

Name (Individual Completing Form): \_\_\_\_\_

Date: **2/6/21** **2/13/21** **2/20/21** **2/27/21** (Circle today's date)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLEASE PRINT

Last Name	First Name	DOB	Enrollment Status (Circle One)	^At-Risk Afterschool Program Snack/Supper (Circle One)	*School or Community Feeding (CF) Indicate CF if not in a SMP public school. (Circle One)
			Face to Face Learner Virtual Learner Quarantined Learner Community Feeding	<b>Yes or No</b>	BBE BBP BBJ BBHS CP CJH CHS TE ELC SMP SMJ SMHS PP PM Catahoula Stephenville Community Feeding
			Face to Face Learner Virtual Learner Quarantined Learner Community Feeding	<b>Yes or No</b>	BBE BBP BBJ BBHS CP CJH CHS TE ELC SMP SMJ SMHS PP PM Catahoula Stephenville Community Feeding
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\*If child is not in school indicate *Community Feeding*. Community feeding children must be 18 and under or enrolled in public or private school if 19 and over.

^Participant agrees to enroll in At-Risk Afterschool Tutoring/Enrichment Program and will receive program resources and snack and supper meals.

Number of Students Signed Up: \_\_\_\_\_

I certify that the following statements are true:

1. I have signed up only youth under the age of 18 years old.
2. Food Items will be properly stored by placing frozen food in the freezer and cold food in the refrigerator in order to maintain food safety and quality

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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