

## Summer Pack Program

**Food available at no charge for your child(ren) this summer.**

SoWashCo CARES (Community Action Reaching Every Student) through a partnership with South Washington County Schools Community Education is offering a Summer Pack Program for families in District 833 to participate in over summer break. This Summer Pack Program offers a supply of nutritious meals and snacks for children, at no charge to families.

If you believe your child will benefit from this program, we encourage you to sign them up by filling out the attached form and returning it to your child's teacher or the front office by May 18th. Please indicate on the form whether you will be able to pick up your food at school on Friday, June 1<sup>st</sup> or if you will need for it to be delivered to your home on Monday, June 4th.

For more information please contact [sowashcocares@gmail.com](mailto:sowashcocares@gmail.com) or call 651-425-6600.



# Summer Pack Consent Form

Please sign my child(ren) up for the Summer Pack Program. I understand my child(ren) will receive a box of food packs for his/her use over the summer break. I agree to either pick up the food at my school or have the food delivered by Community Education staff or public safety employees to the address I have listed on this form.

**\*\*Please be aware that the food packs may contain nuts, gluten and dairy.\*\***

*PLEASE PRINT CLEARLY (use back if needed).*

1. Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_

*PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR SUMMER PACK (check 1 box).*

I will pick up the Summer Pack at my school on Friday, June 1st (afterschool until 5pm).

I give my consent for the Summer Pack to be delivered by Community Education staff or public safety employees to the address listed below on Monday, June 4<sup>th</sup> (between 10am and 2pm).

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

**Parent/Guardian Name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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