



## Participation Request Form\*\*

***Please fill this form out completely.***

***All information on this form will be held confidential and may be shared with local community agencies on as needed basis. These agencies will be held to the same level of confidentiality as Hungry Hearts Foundation.***

Parent/Guardian Contact Information					
Parent/Guardian First Name:		Parent/Guardian Last Name:			
2nd Contact First Name:		2 <sup>nd</sup> Contact Last Name:			
Address:					
City:		State:	WA	Zip Code	
Cell #		Home Phone: (if applicable)		Email:	

**NO**, I am not interested in having my child(ren) participate in the HHF Backpack Program.

**YES**, I would like my child(ren) to participate in the HHF Backpack Program.

<b><u>Please list child(ren):</u></b>						
Student First Name	Student Last Name	Gender	Age	Grade	Ethnicity	School

<b><u>Please indicate your child(ren)'s Food Allergies:</u></b>	
Student Name	List of food Allergies (Not Food Preferences)

Please indicate all the appliances your family has access to: Check all that apply.

Microwave

Stove

Oven

Please indicate your preference:

Weekly Bag

Monthly Pick-up (Priority given to Kids w/Food allergies or multiple schools)

I give permission for my child(ren) to participate in the Hungry Hearts Foundation's Backpack Program and to receive supplemental kid-friendly food.

I hereby release **Hungry Hearts Foundation**, its Board of Directors and it's volunteers, from any and all liability whatsoever, with my acceptance of donated food weekly/monthly and/or Holiday boxes.

I agree and consent to all of the above stated.\*\*

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**Parent/Guardian Signature**

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**Date**

**\*\*This Request Form does not guarantee your child(ren)'s participation in the Hungry Hearts Foundation program. The program is limited to a first-come basis and is dependent on funding and food resources.**

Dear Parent/Guardian,

The Hungry Hearts Foundation (HHF) program provides Lake Stevens School District students with chronic hunger an opportunity to receive supplemental kid-friendly food items for the weekends and extended school holidays. Your child(ren) **MUST** qualify for the National School Lunch Program (NSLP) in order to participate in the HHF program.\*

Please **indicate your child(ren)'s NSLP qualifications.**

Yes, my student qualifies for **free school meals.**

**- or -**

**\*\*Yes, my student qualifies for reduced-priced school meals.\*\***

The Hungry Hearts Foundation is not a School District sponsored event. School Districts have neither reviewed nor approved the program, personnel, activities, or organizations announced in this flyer. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the school district. In consideration of the privilege to distribute this flyer, the school district shall be held harmless from any cause of action or claim arising out of the distribution of this flyer including all costs, attorney's fees and judgment or awards. Although approving distribution of this information, the School Districts do not assume responsibility for the content or activities described herein.