

♥ ~ Hungry Hearts Foundation ~ ♥

Participation Request Form*

Parent/Guardian First Name:		Parent/Guardian Last Name:	
Other Guardian/Contact:		Relationship:	
Address:			
City:		State:	WA Zip Code
Phone1:	Phone2:	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.

Please list child(ren):

Student Name	Gender	Age	Grade	School

Please indicate your child(ren)'s Food Allergies:

<u>Student Name</u>	<u>List of food Allergies (Not Food Preferences)</u>

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 (Kids w/Food allergies, multiple schools)

Please fill this form out completely.

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.

*****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.***

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