

District Name: _____

Child Nutrition Program Parent Pick Up Approval

Site Name: _____

Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	

I acknowledge that all information on this form is true. I understand that SFSP/ CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign Name: _____

Parent/Guardian Print Name: _____

Parent/Guardian Sign Name: _____

Parent/Guardian Print Name: _____

Zip Code: _____

District/Organization Use Only

I, the Sponsor's authorized representative, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: _____ Date: _____

Roster Number: _____