

**Dear Parent/Caregiver:**

**Members of the community partner together to provide a food distribution program, called Meals 4 Seals, for those children and families who may need it.**

**The Meals 4 Seals program runs year-round, with giveaways every other Saturday for the entire family. In addition, each child in the family will receive a “weekend kit” with breakfast items, meal items, and snacks. There will be one kit for Saturday and one for Sunday for each child in the family if you list them on the form provided.**

**Additional details will be provided upon the completion of the form included. You must complete and return the form to the school to participate.**

**If you have any questions, please email Meals for Seals coordinator Jay Helmer at [jayphelmer@gmail.com](mailto:jayphelmer@gmail.com).**

**Thank you. We look forward to serving you.**



**SNYDER COUNTY COALITION FOR KIDS, INC.**  
P.O. BOX 103 ♦ SELINGROVE, PENNSYLVANIA ♦ 17870  
[scc4kids@gmail.com](mailto:scc4kids@gmail.com)

*“To foster safe and healthy communities for the children of Snyder County”*

## **Meals 4 Seals Program**

*A supplemental food program provided by community sponsors.*

**PLEASE COMPLETE BOTH PAGES OF FORM AND RETURN TO SCHOOL OFFICE.**

Parent/Guardian Name(s): \_\_\_\_\_

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

Email (optional): \_\_\_\_\_

Best phone number: \_\_\_\_\_ text/cell or home (*circle one*)

Yes, I would like my family to participate in the Meals 4 Seals Food Program.  
Please list children living in your home that are infant to 18 years old. Thank you.

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Child's name	Grade/Age	Allergies
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With my signature, I am agreeing to participate in the Meals 4 Seals Food Program (“the Program”) and to abide by its terms and conditions, including the following:

I am a resident of the Selinsgrove Area School District and have a present financial need for food assistance. The children I've listed on page 1 live in my home and are under my legal care. I will notify the Program’s coordinator if I no longer have a present financial need for food assistance, or the desire to continue participating in the Program. I understand that if I leave the Program, I can reapply in the future if circumstances change. If I cannot pick up a food kit during the designated time frame, then I will send another responsible person whom I trust to pick up the kit for my family (that person should have a note indicating which family they are picking up for). I acknowledge that items distributed by the Program may contain or come into contact with common allergens, such as dairy, eggs, wheat, soybeans, and nuts. I release the Program’s volunteers, All Saints Episcopal Church (our host), and the Snyder County Coalition for Kids (our sponsor) from any and all liability, claims and demands which may arise from participating in the Program.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please PRINT Parent/Guardian Name \_\_\_\_\_



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