



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”. Each kit contains breakfast items, meal items and snacks for two weekends at a time.

If you have any questions, please email scc4kids@gmail.com to be connected with one of the Meals for Seals coordinators.

You must complete and return the form to the school to participate.

Your completed application will promptly be emailed to the Meals 4 Seals team so they may reach out to you and provide the program details.

Thank you. We look forward to serving you.



SNYDER COUNTY COALITION 4 KIDS

P.O. Box 103 ♦ SELINGROVE, PENNSYLVANIA ♦ 17870

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.

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 at the scheduled distribution, then I may send another responsible person whom I trust to pick up the food items for my family. 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.

Parent/Guardian Signature

Date

Please PRINT Parent/Guardian Name



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