



WEEKEND MEAL BACKPACK PROGRAM CONSENT FORM

TABLE is a non-profit organization that delivers food to children ages 3-18 who could use a few food items on weekends and before school holidays. On Thursdays, children receive a bag of kid-friendly nonperishable and fresh food at the location where this form is signed. In some cases (such as during the summer or inclement weather), TABLE volunteers may deliver door-to-door to your home. TABLE provides this food free of charge. We would like to respectfully invite parents/guardians to register child(ren) for this program. All information is confidential and used *only* to better serve your child. We do not share your information with the government. If you have questions, please ask your school social worker, afterschool director, or contact us at TABLE using the information above. If you would like your child to participate, please complete this form and return to _____ . Answer only in English, Spanish or Arabic please.

CHILD(REN)'S INFORMATION <i>(There is no limit on the number of children that can receive food.)</i>				
First Name		Middle	Last	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Address		Apartment Number		Birth date (mm/dd/yy)
City	Zip	After School		Country of Origin
School	Grade Level	Teacher name		Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black
Allergies/Special Diets (accommodated when possible)				<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern
Has your child received food from TABLE in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Native Hawaiian/Pacific Islander
If yes, how long? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> 7-10 years				<input type="checkbox"/> American Indian/Alaskan Native
				<input type="checkbox"/> Other: _____
Child #2	First Name		Middle	Last
	School		Teacher	Grade Level
	After School		Birth date (mm/dd/yy)	
	Allergies/Special Diets (accommodated when possible)			
	Has your child received food from TABLE in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, how long? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> 7-10 years			
Child #3	First Name		Middle	Last
	School		Teacher	Grade Level
	After School		Birth date (mm/dd/yy)	
	Allergies/Special Diets (accommodated when possible)			
	Has your child received food from TABLE in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, how long? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> 7-10 years			
PARENT/HOUSEHOLD INFORMATION <i>(Answers are for our information only & do not prevent your child from receiving food.)</i>				
Parent/Guardian Name			Monthly household income (\$)	
Email		Number of children in household: ___ Age 0-2 ___ Age 3-4 ___ Elementary School ___ Middle School ___ High School	Monthly expenses at grocery store (\$)	
Phone number			Do you receive other types of food assistance? Check all that apply:	
Number of people in household			<input type="checkbox"/> SNAP/EBT/ Food Stamps	
Number of adults in home with jobs			<input type="checkbox"/> WIC	
Number of children in household			<input type="checkbox"/> PORCH	
Language spoken at home			<input type="checkbox"/> IFC	
Parents' highest level of education			<input type="checkbox"/> Free/reduced school meals	
I certify that I am at least 18 years of age and I hereby consent that photographs, video, or audio recordings taken by TABLE of me or my child (or child under my guardianship) may be used by TABLE for the purposes of illustration or publication in print, broadcast, or web communications. <input type="checkbox"/> Yes <input type="checkbox"/> No				
By signing this form, I hereby consent for the child(ren) to receive food from TABLE, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/Guardian signature			Today's Date	