Food Pantry Program

Enrollment Form

* Yes, Please Enroll my child in the LaSalle Food Pantry Program:

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Homebase Teacher/Room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Allergies/Dietary Restrictions: Y or N

If Yes, check all that apply:

* Nuts
* Soy
* Gluten
* Dairy
* Other

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO, I do not want my child to enroll in the Food Pantry program because:

* I need more information about the program
* We have enough food in the home
* We have cultural, religious, and/or dietary preferences
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have more than one child attending LaSalle please include information for your other children participating as well:

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Homebase Teacher/Room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Allergies/Dietary Restrictions: Y or N

If Yes, check all that apply:

* Nuts
* Soy
* Gluten
* Dairy
* Other