



Summer Feeding Program

Parent / Guardian: _____ Date: _____

(PLEASE PRINT)

Home Address: _____

(Street)

(City)

(State) (ZIP)

Contact Info: _____

(Home Telephone)

(Cell Phone)

(Email)

The summer breakfast / lunch program is provided by Matthew's Haven and in collaboration with local nonprofits, agencies, churches and schools. It is designed for children who would benefit from having access to additional food during the summer. Ongoing registration first 80 children will be served.

CHILD'S INFORMATION

(Full Name) (Age) (Birth Month) (School Attending)

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New applications must be received by Wednesday prior to the distribution day in order to have your name added to the registration list. Only the names on the pre-printed registration list will be eligible to receive food on the day of distribution. Participating children will receive 2 breakfasts, 2 lunches, 2 snacks each week including milk, water, juice. **A referral from your case worker, and/or social worker is required to participate in this program.**

If you would like to be referred to other organizations to support you and your children, please check the box and sign. By checking this box and providing your signature you are authorizing Matthew's Haven to share your contact information with other organizations for the sole purpose of receiving potential support opportunities.

Please sign and return this form to:

Signature

1. Your Social or Case Worker with DSS, Quin Rivers
2. Matthew's Haven, P.O. Box83, New Kent, VA 23124
3. Email this form to: matthewshaven1@gmail.com

For additional questions and information you may call 804-932-4846 ext. 3 or email matthewshaven1@gmail.com

Distribution Site: St. Peter's Parish Church, 8400 St. Peter's Lane, New Kent, VA

Distribution Dates: Begins June 27 —and ends August 22

Distribution Times: Thursday Mornings 9:00-11:00, Thursday Evenings 5:30-7:30

An adult, other than the child's parent/guardian, may pick up the food as long as they have a signed note from the parent/guardian. If you miss the distribution day, we cannot provide a makeup day. Please make every effort to be available for pick up of your child's food during the scheduled distribution.

Please be aware these bags **are not prepared with food allergies in mind.**

Parent or Guardian Signature: _____