

# 2024 Southbury Food Bank Registration



Parent/Guardian Name

Address

  


Contact Phone #

Email:

**Income Eligibility Guideline:**

Number Of People In Household: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Is your child currently receiving free lunch through Region 15?      Yes              No

Does your child have any food allergies we should be aware of?      Yes              No

Please List

Student Name	School in RSD15	DOB	Current Grade	Notes/Allergies

## SFB Summer Lunch Program

- \* 10 week COMMITMENT: Monday, June 17th - Monday, August 19th
- \* Pre-Packaged Summer Lunch grocery bag PICK UP EVERY MONDAY.  
CIRCLE preferred pick-up time: 12pm - 1pm OR 6 pm - 7 pm
- \* Items included: deli meat, cheese, bread for five lunches per child, including snacks and fresh fruit.

To participate in this program, this form **MUST** be completed and returned  
**NO LATER THAN FRIDAY, FRIDAY MAY 31st**  
 Email completed application to: [southburyfoodbank@gmail.com](mailto:southburyfoodbank@gmail.com)  
 You will receive a confirmation email that you have been enrolled in the program.

