

# Southbury Food Bank

## 2025 SUMMER LUNCH APPLICATION



Parent/Guardian Name

Address

  


Contact Phone #

Email:

**Income Eligibility Guideline:**

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

Annual 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

\* 10 week COMMITMENT: Monday, June 16th - Monday, August 18th

\* Pre-Packaged Summer Lunch grocery bag PICK UP EVERY MONDAY.

**CIRCLE preferred pick-up time: 12pm - 1pm OR 5 pm - 6pm**

\* Items included: deli meat, cheese, bread for five lunches per child, including snacks and fresh fruit.

**Please email, mail or hand in your completed application by FRIDAY April 25th**

**southburyfoodbank@gmail.com / PO Box 68 Southbury, CT**

**You will receive a confirmation email that you have been enrolled in the program. THANK YOU!**

