

# GOT LUNCH! LACONIA

Providing Laconia's Children a summer healthy lunch program

**Parents of Laconia school-age children:** We are ready to begin registration for the 8th year of GOT LUNCH! Laconia, a summer healthy lunch program for Laconia school children. Although our target is the population that qualifies for free or reduced price lunches during the school year, it is NOT a requirement for participation. If you need the help this summer, this program is available to you. **Each year we require a new registration form for you to participate.**

GOT LUNCH! Laconia is a collaboration of community partners (religious institutions, businesses, non-profits and individuals) working together to feed the children of Laconia during the summer months. The Congregational Church of Laconia has agreed to again be the staging area of this program. A week's worth of healthy lunch groceries will be delivered to your home mid to late morning every Monday during the school summer vacation. We also provide Dairy Vouchers redeemable at Vista for the purchase of milk, eggs, cheese or yogurt. Once you are registered you will receive a letter describing the details of the dairy voucher program.

You may register online: <http://www.gotlunchlaconia.org/Laconia/01-online-registration.html> **OR** fill out this form and have your student return it to: \_\_\_\_\_

## Please register only once, either on paper or online

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### PLEASE PRINT ALL INFORMATION

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Email (if available) \_\_\_\_\_

Student's name(s) (Use the back for additional names)

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Did you participate in **ANY** prior year? (please circle one) Yes No

**Food Allergies?** (please circle one) Yes No

**Food Allergies:** \_\_\_\_\_

Special considerations in delivering food to your address between 9 and 12 on a Monday morning?  
Animals? \_\_\_\_\_ Specific directions? \_\_\_\_\_

PLEASE NOTE: Your signature below waives all liability from your family's participation in this program and all of the program's sponsoring and collaborating partners.

Signature: \_\_\_\_\_ Date \_\_\_\_\_