MOBILE FOOD PROGRAM REGISTRATION

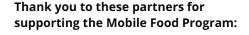


MOBILE FOOD PROGRAM

The Education Foundation for Billings Public Schools is pleased to offer the summer Mobile Food Program. By signing up your child(ren) using this form, the Education Foundation will include them on a weekly route to provide a supply of fresh fruits and vegetables, shelf-stable and nutritious foods, and even a treat. The Foundation will communicate before the end of the school year where your child(ren) will need to be and when to receive their weekly supply of food.

In addition to food, the Mobile Food Program will also offer books and basic hygiene supplies. The goal of this program is to provide foods for kids who are enrolled in Billings Public Schools and rely on food program support during the school year (free and reduced breakfast/lunch). If your student receives support through other programs during the summer, please indicate below.

CONTACT INFORMATION			
Parent/Guardian Name: (First and Last)			
Date:			
Address (from 6/1 - 8/31/2024) List additional addresses and dates you'll live there as needed.			
Phone # E-Mail			
Do children listed currently benefit from the Food Insecurity Programs (BackPack Meals or School Food Pantries)?			
Yes No # of children on programs during school year			
Do children listed currently benefit from the federal free and reduced meal program?			
Yes No # of children on programs during school year			
Do children listed attend summer programming (YMCA, Friendship House, Boys & Girls Club, etc.) or receive nutritional support through another program? This doesn't disqualify your child(ren).			
Yes No If yes, which programs?			











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CHILD(REN) INFOR	MATION		
Child Name: (First and Last)		Grade:	
		School:	
Child Name: (First and Last)		Grade:	
		School:	
Child Name: (First and Last)		Grade:	
		School:	
Child Name: (First and Last)		Grade:	
		School:	
List additional children on a separat	e page if needed.		
ADDITIONAL INFOR	RMATION		
Please include any additional information if needed (travel dates (if known), additional addresses, etc.)			
SIGNATURE			
I agree to allow the Education Foundation for Billings Public Schools to provide meals to the children listed on this form through the summer break from school. Education Foundation will be in contact with me to confirm the day and time my child will be able to receive their meals each week.			
Signature (Parent/Guardian		Date:	
Referred by:		Date:	
Application accepted by:		Date:	