



Division of Child Care and Early Childhood Education



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Child Nutrition Program
Parent Pick Up Waiver Form

Entity Name: Equal Heart

Agreement Number: TA 827

Site Name:

Parent/Guardian Name: Zip Code:

Table with 8 rows, each containing the label 'Name of Participating Child:' for data entry.

I acknowledge that all information on this form is true. I understand that CACFP/SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign: Print Name:

I, the Sponsor, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: Lauren O'Neill Date: