Child Nutrition Program
Parent Pick Up Waiver Form

Entity Name: Central Arkansas Library System

Agreement Number: TA 851

Site Name: Dee Brown Library

Parent/Guardian Name: ____________________________ Zip Code: __________

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

Name of Participating Child:

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: ____________________________ Date: ____________________________