



Confidential Student Registration

Child's Last Name	First Name	Grade	Birthdate dd/mm/yr	School Name	FOOD ALLERGY OR FOOD RESTRICTION <i>(Please specify)</i>

By registering your child(ren) in the Food4Kids program you:

- ✓ Understand that Food4Kids will use reasonable efforts to ensure food packages are available each Friday;
- ✓ Understand there is no guarantee the same type, quality or quantity of food will be made available each week;
- ✓ Have supplied information regarding your child's food allergies or dietary restrictions;
- ✓ ***Will check each food bag where a food restriction or allergy has been identified before giving to your child;***
- ✓ Provide consent to Food4Kids to contact you and to collect, use and disclose personal information and feedback from you and/or your child solely for the purposes of administering and improving the Food4Kids program.
- ✓ **Provide consent for the schools to forward updates of any personal information included in this form (including address, phone number, email) to Food4Kids and vice versa.**

Date:		Caregiver name (Please print):			
Address:		Apt #	City:	Postal Code:	
Phone Number:		Email			
Caregiver Signature:					

SCHOOL OFFICE TO COMPLETE:

School Name:		School Phone:	
Principal Name:		Principal Email:	
Program Liaison:		Liaison Email:	
I have reviewed the family information provided above			
Our school will participate in an annual survey assessing the benefits of the F4K program			
Principal Signature:		Date:	