



<u>For Office Use Only</u>
Assigned Class _____
Lunch Bunch Class _____

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date \_\_\_\_\_

Name you wish your child to be called: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City & State Zip

Parent's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Days requested:

Monday  Tuesday  Wednesday  Thursday  Friday

Full Day  Half Day

Does your child have any food allergies or medical conditions? \_\_\_\_\_

Names of persons authorized to pick your child up from Lunch Bunch:

NAME	RELATIONSHIP TO CHILD
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE