School Nutrition Services

Meal Bundle Pick-Up Form

Child's Full Name	Date of Birth	School They Attend	Grade

By signing this form, I verify I have received a CMS Eats @ Home Meal Bundle for the children listed above. I am aware I can only receive one meal bundle per week for each child who is 18 years old or younger.

_____ _____ _____

Person Picking up Meal Bundle(s) Phone Number Date

Meal bundle pickup location _____

(Attach form to Daily Meal Count Sheet to account for meal bundle(s) served)

School Nutrition Services

Formulario Para Recoger Comida

Nombre Completo del Niño(a)	Fecha de nacimiento	Nombre de la Escuela	Grado

Firmando este formulario, verifico haber recibido un paquete de comida de CMS para los niños(as) listados arriba. Estoy consciente que solo puedo recibir un paquete de comida por semana para cada niño(a) menor de 18 años.

_____ _____ _____

Persona que recoge el paquete(s) Número de teléfono Fecha

Lugar de recogida del paquete _____

(Attach form to Daily Meal Count Sheet to account for meal bundle(s) served)