



At-Home Meals Consent Form

This form must be completed and returned to Café Manager by **Monday, August 24** in order to receive weekly meals for the entire quarter. For students under temporary quarantine, this form must be signed and returned **each Monday** in order to pick up meals for that week. **Meals will be packaged and ready for pick up at school site every Tuesday between 12:30 and 1:30pm.** For questions, please contact the Child Nutrition Program at (225)-387-6421.

- Meals will be charged according to student's full price, reduced price or free meal status on file. Contact your school for information about free/reduced lunch.
- Only one breakfast meal and one lunch meal per enrolled student per day may be requested (up to 5 breakfast meals and 5 lunch meals per week). Students receiving meals must be enrolled in virtual learning or under temporary quarantine.

• Meal Prices:

Full Price Breakfast: \$1.95

Full Price Lunch: \$3.05 Elementary/\$3.25 High School

Reduced Price Breakfast: \$0.30

Reduced Price Lunch: \$0.40

PLEASE PRINT LEGIBLY

Name of parent/guardian: _____ Phone: _____

Email Address: _____

I will be picking up meals for the entire quarter.

I will be picking up meals during quarantine for this week only, the week of _____

I will be picking up ____ breakfast meals and ____ lunch meals per child each week.

Enrolled Student's Name	Student's ID number	Student's Enrolled School
1.		
2.		
3.		
4.		
5.		
6.		

Signature of person picking up meals

Print name

*Signature of parent/guardian

Date

*Parent/guardian signature implies consent for meal pick-up; appropriate meal charged to student's account as determined by student's full price, reduced price or free meal status on file; and meal received is solely for the student listed above.

This institution is an equal opportunity provider.