

Please sign my child/children up for Ben's Basket. I understand my child will soon start receiving a bag of food at the end of each week to help support their nutritional needs over the weekend.

Please print clearly:

Child's name/ grade/ teacher

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Do your students require vegetarian foods? yes/no ( please circle)

As the parent/ guardian I take full responsibility to ensure that the food my child eats is safe for them. I will check ingredient lists to make sure my child is safe from allergens and will not hold Ben's Basket liable for anything provided to me or my child.

Parent Name:

Parent Signature

Phone number/ email ( best way to reach you)

**Please return this form to school marked "Ben's Basket."**