**Benson Public Schools Food Service Department**

**Discovery Kids Program**

***This form must be filled out prior to using the lunch program.***

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_

Phone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child over 3 yrs old by September 1, 2022? Yes\_\_\_\_No\_\_\_\_\_

Do you reside in the Benson School District? Yes\_\_\_\_No\_\_\_\_\_

Does your child attend: Benson Head Start Program \_\_\_\_\_\_\_

Benson School Readiness \_\_\_\_\_\_\_

No Program \_\_\_\_\_\_

Does your child attend a program in a different district? Yes\_\_\_\_No\_\_\_\_\_

(If yes, you will be paying adult prices for the meals.)

Do you have other household members attending Benson Public Schools?

Yes\_\_\_\_No\_\_\_\_\_

Have you filled out the Free/Reduced Form USDA Lunch Program? \_\_\_\_\_\_\_

*(If no, please fill out form and return to District Office.)*

**Please return this completed form to: Connie Evenson, Food Service Director**