

## Free Weekend Food Available through CHEW! (Children Healthy Eating on Weekends!)

**CHEW!** is offering a weekend supply of nutritious meals and snacks for children, free of charge. Backpacks with food will be discreetly put on the bus or given to students on the last school day before the weekend.

If you would like your child(ren) attending **School Name** to be a part of this program, please complete the information below and return it to your child's school the next morning. Only one form is needed for all children in your family attending the above referenced school. Please note that not all Onslow County Schools have a CHEW!Program at this time.

Identifying information is kept confidential between *CHEW!* and *School Name*. Demographic information provided in the box marked "Student Statistical Data" on the attached page will be forwarded to United Way of Onslow County for statistical data reporting purposes. The statistical data you provide may aid in acquisition of additional funding which could help ensure the sustainability of this program and help more children in need.

Once your child(ren) are signed up, they will receive a bag of food each week for the remainder of this school year, or until you no longer wish to participate. **We encourage you to take advantage of this program.** 

If you have any questions or concerns, please contact **Social**Worker name and phone number

Please sign my childchildren up for *CHEW!* I understand he/she will receive a bag of food at the end of each week for his/her use over the weekend.

Child's Name:	Teacher/Grade:			
Special dietary needs? (Diabetic, food allergy, kosher, etc.)				
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Special dictary fiecus: (Diabetic, food allergy, Rosfier, etc.)				
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Special dietary needs? (Diabetic, food allergy, kosher, etc.)				
Do you have the following? (yes/no) Refrigerator, Microwave	e, Stove Top, Oven			

Please Note: We do our best to strive to follow all dietary restrictions but ultimately it is the Parent's responsibility to make sure their children do not eat the food in the bag that they are allergic to.

Parent/Guardian Name/Signature:	A Community Initiative of			
Telephone Number:		LIVE UNITED		
Email Address:	<del></del>	TIAE OMITED		
	<b>United Way</b>	United		
	of Onslow County	Way 🕓		



## **Student Statistical Data**

CHEW! School Site:								
Number of people in your household:								
Number of children in your househol	d attendin	g this sch	ool:					
Zip Code								
Military Affiliation								
Parent/Guardian is: Active Duty	Retired/Ve	<u>eteran</u>	Non-Military					
Student's Age & Gender								
Please select for student 1: 0-5 years	<u>6-1</u>	.0 years	<u>11-17 years</u>	<u>Male</u>	<u>Female</u>			
Please select for student 2: <u>0-5 years</u>	<u>s 6-1</u>	.0 years	<u>11-17 years</u>	<u>Male</u>	<u>Female</u>			
Please select for student 3: <u>0-5 years</u>	<u>s 6-1</u>	0 years	<u>11-17 years</u>	<u>Male</u>	<u>Female</u>			
Please select for student 4: <u>0-5 years</u>	<u>6-1</u>	<u>0 years</u>	<u>11-17 years</u>	<u>Male</u>	<u>Female</u>			
Student's Ethnicity								
Please select for student 1: African A	<u>merican</u>	<u>White</u>	<u>Hispanic or Latino</u>	<u>Asian</u>	<u>Multi-Racial</u>	<u>Other</u>		
Please select for student 2: African A	<u>merican</u>	<u>White</u>	Hispanic or Latino	<u>Asian</u>	<u>Multi-Racial</u>	<u>Other</u>		
Please select for student 3: African A	<u>merican</u>	<u>White</u>	<u>Hispanic or Latino</u>	<u>Asian</u>	<u>Multi-Racial</u>	<u>Other</u>		
Please select for student 4: African A	<u>merican</u>	<u>White</u>	Hispanic or Latino	<u>Asian</u>	<u>Multi-Racial</u>	<u>Other</u>		