



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 **Dixon High School** to be a part of this program, please complete the information below and return it to your child's school Monday 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 **Dixon High School**. 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 **Mychael Phillips, School Social Worker**
(910) 347-2958 ext. 30015 or mychael.phillips@onslow.k12.nc.us

Please sign my child up for **CHEW!** I understand he/she will receive a backpack of food at the end of each week for his/her use over the weekend. I agree to return the empty backpack the day he/she returns to school.

Child's Name: _____ Teacher/Grade: _____
Special dietary needs? (Diabetic, food allergy, kosher, etc.) _____

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Do you have the following? (yes/no) Refrigerator _____, Microwave _____, 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: _____

Telephone Number: _____

Email Address: _____

**United Way
of Onslow County**

A Community Initiative of

LIVE UNITED



Student Statistical Data

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**United Way
of Onslow County**



CHEW! School Site: _____

Number of people in your household: Adult _____ Children _____

Number of children in your household attending THIS SCHOOL: _____

Zip Code _____

Military Affiliation

Parent/Guardian is: Active Duty Retired/Veteran Non-Military

Student's Age & Gender Attending this school

Please select for student 1: 0-5 years 6-10 years 11-17 years Male Female

Please select for student 2: 0-5 years 6-10 years 11-17 years Male Female

Please select for student 3: 0-5 years 6-10 years 11-17 years Male Female

Please select for student 4: 0-5 years 6-10 years 11-17 years Male Female

Student's Ethnicity Attending this school

Please select for student 1: African American White Hispanic or Latino Asian Multi-Racial Other

Please select for student 2: African American White Hispanic or Latino Asian Multi-Racial Other

Please select for student 3: African American White Hispanic or Latino Asian Multi-Racial Other

Please select for student 4: African American White Hispanic or Latino Asian Multi-Racial Other