

# GOT LUNCH! Campton-Thornton Registration Form

Please print all information

1. Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

2. Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number (with area code): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail (if available): \_\_\_\_\_

How many children are you registering? \_\_\_\_\_

Student Name: *(use back of this form for additional names)*

1. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
First name Last name *(circle one)*

2. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
First name Last name

3. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
First name Last name

Have you participated in Got Lunch in any previous year? Y N *(circle one)*

Food Allergies? Y N *(circle one)*

*(explain any allergies)* \_\_\_\_\_

Special considerations we may need to know about delivering food to your address between 9:00 to 11:00 on a Monday morning? *(e.g., animals)*:  
\_\_\_\_\_

**PLEASE NOTE: Your signature below waives all liability from your family's participation in this program and all of the program's sponsoring and collaborating partners.**

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill out this form, have your child return it to school, or mail it to:  
GOT LUNCH! Campton-Thornton, CARC, P.O. Box 1522, Campton, NH 03223