



**Trinity**  
CATHOLIC SCHOOL

2315 N. Cedar St.

Spokane, WA 99205

509-327-9369

## Child Nutrition Program

### Parent Pick Up Waiver Form

Parent/Guardian Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Participating Child:
Name of Participating Child:
Name of Participating Child:
Name of Participating Child:
Name of Participating Child:
Name of Participating Child:
Name of Participating Child:
Name of Participating Child:

I acknowledge that all information on this form is true. I understand that NSLP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

I, the Sponsor, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_