



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SFSP ENROLLMENT FORM FOR CAMPS AND CLOSED ENROLLED SITES

PERMISSION TO PARTICIPATE

I (Parent/Guardian Name) _____ give permission for my
child(ren) listed below to participate in the enrolled SFSP site:

(Site Name) _____ located at

(Site Address) _____

and to receive SFSP meals from:

(Sponsor name) _____

CHILD(REN)

FIRST/LAST NAME	AGE

PARENT/GUARDIAN CONTACT INFORMATION

FULL NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER			
EMAIL ADDRESS			

Parent/Guardian Signature: _____ Date: _____