



2022 Power Packs Participation Agreement

DATE:

As the Head of the Household, I agree to participate in the Power Packs Project and will consistently pick up my families' Power Pack at the distribution site and time checked below.

I agree to check each of the items in the Pack carefully to ensure that all the food is safe and appropriate for my family and to refrigerate the food that must be kept cold. If I am unable to pick up my family's Power Pack distribution, I will find a family member or friend to do so. **I understand that if my family's distribution is not picked up and I do not notify REAL Life Community Services in advance, on two consecutive distribution days or a total of four distribution days during the school year, I may no longer be eligible to participate.** I am committed to improving my family's future and agree to use the weekly Recipes and Tips provided by the Project, storing them in the folder provided for future reference.

Student Info

Child 1 First Name	_____
Last Name	_____
Grade	Birthdate
School	_____
Child 2 First Name	_____
Last Name	_____
Grade	Birthdate
School	_____
Child 3 First Name	_____
Last Name	_____
Grade	Birthdate
School	_____
Child 4 First Name	_____
Last Name	_____
Grade	Birthdate
School	_____
Child 5 First Name	_____
Last Name	_____
Grade	Birthdate
School	_____



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Parent/Guardian Info

Person completing form first name _____

Last Name _____

Mailing Address _____

Cell Phone _____

Work Phone _____

Email _____

Birthdate _____

2nd parent 1st name _____

Last Name _____

Cell Phone _____

Work Phone _____

Email _____

Birthdate _____

Additional Adult first name _____

Last Name _____

Cell Phone _____

Work Phone _____

Email _____

Birthdate _____

I give my permission for photos/videos in which my child (or ward) or myself appears as a participant in the program to appear in brochures, videos and other promotional media used by REAL Life Community Services and the Power Packs Project.

Please list any food allergies or dietary restrictions: _____

Is this your first time participating in Power Packs? _____

If no, how many years have you been in the program? _____

Do you have SNAP benefits? _____

How do your children get home from school? _____

Do you have a Crockpot? _____ a microwave? _____ an oven? _____

Please return this completed form to REAL Life Community Services at 240 Main Street, Suite B, Denver PA 17517. You will be notified by email when your registration is complete. Then, you may respond to weekly emails to participate. To register online, scan this QR code with your phone. If you do so, you do not need to return this form to our offices



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Power Packs
PROJECT
Empowering families...feeding children