



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437
P: 501.682.8590 TDD: 501.682.1550

Parent Attestation and Pick Up Form

Instructions: This parent attestation form is to be completed, signed, and dated by the parent or guardian picking up meals for students participating in the Summer Food Service Program (SFSP). SFSP Sites must keep record of this form, at the sponsor/site, to be reviewed by the state agency upon request.

Parent Name: _____ Program Participating In: _____

Institution Name: _____ Agreement Number: _____

Child's Name	Breakfast	Lunch	Snack	Supper

I understand that I cannot receive more than the daily maximum of meals approved for this site.

I acknowledge that all information on this form is true and that the State Agency may verify this information. I understand that if I purposely give false information, the participant receiving meals may lose the benefit through USDA Programs.

Parent/Guardian Signature

Date

I, the sponsor, acknowledge to the best of my ability, that the above information is correct and will provide meals to the parent/guardian of the child(ren) listed above.

Sponsor Signature

Date