



People
Against
Child
Hunger

The Watertown Area PACH Program provides complimentary snacks and meals to students who may need additional food resources over the weekends during the school year. Any child in grades Pre-K through Grade 12, enrolled in any Watertown or Codington County School may participate in the PACH Program. There are no other eligibility requirements.

To register, simply complete the consent form below and mail it to the address listed below. Consent Forms will be accepted anytime during the school year and children will be served on a first come - first served basis. If there are not sufficient funds to provide food to all applicants, you will be notified that your child may need to be placed on a waiting list. You may enter the information for all of your children on one form and this information will be kept confidential.

Upon receipt of your Consent Form, your child's name will be added to the list of students eligible for the PACH Program and you can expect to see a food package come home every Friday afternoon, (beginning the first week after receipt of your enrollment form) throughout the school year, with the exception of weeks that have a holiday during the end of that week. In that situation we will send the food home with your child on the last school day of the week.

We have worked with local dieticians to create healthy and kid-friendly menus for the children and you should see a variety of easy to prepare breakfast, lunch and snack foods in the packages. Please explain the program to your children so that they know what to expect. Also, please encourage them to not open the package of food until they arrive at your home. If your child does not take their bag of food home from school for two consecutive weeks, we will suspend delivery of their food and will need to be contacted by you, the parent, before the child is reinstated into the program.

****PLEASE NOTE**** Due to liability reasons, we will no longer provide special dietary need meals. All who enroll will receive the standard weekly food package.

If you have questions about the PACH Program, please call 886-4427 or email: watertownpach@gmail.com.

The PACH Program Consent Form
Mail to: The PACH Program, PO BOX 176, Watertown SD 57201

Child's Name: _____ Grade: _____ School: _____

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Child's Name: _____ Grade: _____ School: _____

Child's Name: _____ Grade: _____ School: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Parent/Legal Guardian Signature _____ **Date** _____

**** CONSENT FORM MUST BE SIGNED BY PARENT/LEGAL GUARDIAN ****

