



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 or return it to your school. 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 completed and signed 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 the last planned school day of each week, typically Friday, (beginning the first week after receipt of your consent form) throughout the school year.

We have worked with local dietitians to create healthy and kid-friendly menus for your children to include 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 we will need to have a new consent form completed before the child is reinstated into the program.

****PLEASE NOTE**** Due to liability reasons, we do not provide special dietary need meals. All who enroll will receive the standard weekly food package.

If you have questions about the PACH Program, please email: watertownpach@gmail.com.

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

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

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

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

Parent/Guardian Name: _____

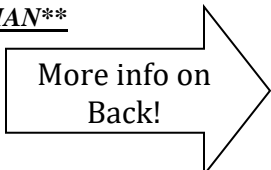
Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Parent/Legal Guardian Signature _____ Date _____

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





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Please help us to improve the PACH Program by sharing your opinions. We have included a few short questions and would appreciate it if you would return your answers to us along with the enrollment form for the next school year.

Thank you again for participating in the Watertown Area PACH Program.

***If you are a previous participant of the PACH program, please take a moment to fill out this short survey. It will help us with future funding of the program.*

1. While it is impossible to please all children, we are interested in knowing which of the items included in the PACH bags did your child enjoy the most. Please list two or three of your child's favorite food items that were included in the PACH bags.

2. Please list two or three of their least favorite foods that were included in the PACH bags.

3. Do you have any suggestions for improving the Watertown Area PACH Program.

4. Did you use the bread/milk coupon (\$6 value) that was sent in March and December? Yes _____ No _____
If you did not use the coupon, please explain why.

5. Please share with us how the Watertown Area PACH Program has made a difference in your family.



More info on
Back!