People Against Child Hunger

SUMMER PACH REGISTRATION FORM 2025

Dear Watertown PACH Participant,

As you already know, the last day of school is nearing, and the last PACH food sack will be sent home in May. The Summer PACH Program will be running again this summer. Any child in Head Start or Pre-School through Grade 12, enrolled in any Watertown or Codington County school, may participate in the Summer PACH Program.

During the summer months, food boxes will be distributed monthly. You will be expected to pick this up at the PACH warehouse each month.

The monthly distribution dates are on THE FIRST TUESDAY of the month from June to August. You will be asked to provide the participating child's name each time you pick up a box.

Pick-up location: PACH Distribution Site (back side of the Watertown Mall, southeast corner)

Pick-up Times: June 3rd, July 1st, Aug 5th between 5:00 -6:30pm

To register, simply complete the consent form below and mail the bottom portion to the address noted below OR use our Dropbox at the PACH distribution site by **Friday, May 23rd, 2025**. If you have more than one child in school, you only have to submit one form, listing all your children's names. Your information will be kept confidential, and our volunteers are also aware of the need for confidentiality.

If you need further information, email Pearl Geffre office@watertownfirst.church or call Pearl at 605-886-4427

If you would like to receive text reminders:

Add @pachsummer to your "Remind" App or text @pachsummer to 81010

Complete and return the bottom part of this form. **Print neatly so it is easy to read**.

Summer PACH Program Consent Form 2025; Due Friday May 23rd, 2025

Mail to: First United Methodist Church at PO Box 1416, Watertown, SD 57201

Or use our Dropbox at the PACH distribution site (back side of the Watertown Mall, southeast corner)

Child's Name: _____Age:_____

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Contact Information:

Print Parent/Guardian Name: _____

Mailing Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-mail: _____

Signature of Parent/Legal Guardian X _____Date: _____

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

United Way
Watertown Area United Way