



People
Against
Child
Hunger

Watertown Area
United Way



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 Preschool 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, 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 insufficient funds to provide food to all applicants, you will be notified that your child may need to be placed on a waiting list. **Please list all of your eligible children on one form. All 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 on 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, including a variety of easy-to-prepare breakfast, lunch, and snack foods in the PACH bags. Please explain the program to your children so they know what to expect. Also, please encourage your children not to open the food package until they arrive 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 you will need to complete a new consent form before the child is reinstated into the program.

****PLEASE NOTE**** Due to liability reasons, we do not provide special dietary needs 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: Watertown Area PACH, PO BOX 176, Watertown SD 57201

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

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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 ****

Please help us improve the PACH program by sharing your opinions. We have included a few short questions and would appreciate it if you would complete the survey below and return it 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 in the Watertown Area PACH program, please take a moment to fill out this short survey. It will help us with future funding of the program.***

1. Did your child/children receive PACH bags in the 2025-2026 school year? Yes _____ No _____

2. Do you have any suggestions for improving the Watertown Area PACH program?

3. Please share how the Watertown Area PACH program has impacted/made a difference in your family.
