



## Hi-Five Registration Form 2014 - 2015 School Year

Dear Parent/Guardian,

Orange County Public Schools is offering a program in cooperation with Second Harvest Food Bank of Central Florida and Health Central to provide nutritious snacks for some of our students during the weekends. The name of this program is the "HI-Five Kids Pack Program". Your child has been selected to participate in this program.

If you would like your child to participate in the program, please provide the information requested below, sign and return it to the school as soon as you are able. You can have your child bring it in and give it to his or her teacher.

The program will provide approximately eight to ten snacks Friday afternoon for the students who qualify for the program for when they are hungry throughout the weekend. *The nutritional snacks will vary every week depending on the provisions available.*

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

In an emergency please contact-

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form I agree to allow my child to participate in Hi-Five program of Second Harvest Food Bank of Central Florida and the \_\_\_\_\_ school in Orange County. I understand that, for children with food allergies, Hi-Five items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. Second Harvest Food Bank and \_\_\_\_\_ School will not assume any liability for adverse reactions to foods consumed. By signing this form I agree to assume any and all risks associated with my child's participation in the Hi-Five Program including any adverse reaction my child may have to foods consumed.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date