

# Weekend Meals For Students

## Berlin Family Food Pantry Weekend Meals Program

The Berlin Family Food Pantry is teaming up with the staff of Berlin Memorial School to offer free, nutritious meals and snacks for students over the weekends during the 2019-2020 school year.

**Parents or guardians will pick up the groceries every Saturday (unless notified) at 11:00 am at the Berlin Family Food Pantry which is located in the Berlin Town Offices on the lower level.**

If you believe your child/children could benefit from this program, we encourage you to **sign them up by filling the form out below and returning it to the Nurse's Office. Only one form is needed for all the children in your family, including children who do not attend Berlin Memorial School.** This information is kept confidential between the Berlin Family Food Pantry Weekend Meals Program and Berlin Memorial School Nurse's Office.

**We will notify you when the program begins and when you can begin picking up the bags at the Town Offices.**

Questions or concerns related to food? Contact Valerie Muldoon (Berlin Family Food Pantry) [valeriemuldoon1@gmail.com](mailto:valeriemuldoon1@gmail.com) or (774) 261-0548 or Ana Amaral, BSN, RN (BMS School Nurse) 978-838-2214 or [AAmaral@bbrsd.org](mailto:AAmaral@bbrsd.org).

Each week, The BFFP will provide the ingredients to prepare two breakfasts, two lunches, and two dinners. We try to vary the meals and offer nutritious options for the students. Fresh fruit, a loaf of bread, and a half gallon of milk are included every week. Meals are often repeated every 5 weeks. We do the best we can to offer nutritious meals, while still managing the food pantry budget. **Please cross off any items that you do not wish to receive.**

Here is a sample of what you might expect:

**Breakfast:** Bagels/Pop tarts/Cereal/English Muffins/Donuts/Waffles/Toaster Strudels/Pancake Mix, syrup/coffee cakes

**Lunch:** Peanut Butter/Jelly/Fluff/Bread/Cheese/Lunch Meat/ Soup/Macaroni and Cheese/Tuna

**Dinner:** Chef Boyardee/Pasta, Sauce, Meatballs/ Chicken Nuggets/ Frozen Pizza/ Canned Ham, beans/ Hot Dogs/ canned vegetables/ Rice Pilaf or other noodle packet/Make your own pizza/Frozen Raviolis, sauce

**Snacks:** Fruit snacks/ Fruit Cups/ Cheese sticks/ Fresh Fruit/ Crackers/ Cookies/ Goldfish/ Pretzels/Little Debbie and Hostess cakes

BFFP/BMS Weekend Meals Consent  
Form

Please sign my child/children up for the BFFP Weekend Meals Program. I understand that I will be responsible for picking up the bags at the Berlin Family Food Pantry on Saturdays at 11:00am.

*Please note: The food pantry opens at 11:30 am for its regular clients. Occasionally, with proper notice, arrangements can be made to meet you at another time.*

The Berlin Family Food Pantry is located at: Town of Berlin Town Offices/Lower level, 23 Linden Street Berlin, MA 01503.

**PLEASE PRINT CLEARLY.**

**Parent/Guardian**

**Name** \_\_\_\_\_

**Parent/Guardian**

**Email** \_\_\_\_\_

**Parent/Guardian Phone Number** \_\_\_\_\_

**This is how we will communicate with you regarding pick up. If you do not have access to email on a regular basis, please provide us with a phone number we can call or preferably, text. Please be prepared to discuss food selections with the coordinator. For example, if your child does not like a particular food, its okay to let us know and we are more than happy to provide an alternative. Food coordinators will check in with you periodically to find out what your child enjoys the most.**

Please provide us with the following information. Include all children and students living in your household.

**Child's Name, Teacher, and Grade**

\_\_\_\_\_

Special dietary needs, if any: \_\_\_\_\_

**Child's Name, Teacher and Grade**

\_\_\_\_\_

Special dietary needs, if any:

\_\_\_\_\_

**Child's Name, Teacher and Grade**

\_\_\_\_\_

Special dietary needs, if any:

---

**Child's Name, Teacher, Grade**

---

Special dietary needs, if any:

---

---

**Child's Name, Teacher, Grade**

---

Special dietary needs, if any:

---

**Food Preparation:** Please check any you have at home:

- Oven  Stove Top  Microwave  Toaster  Toaster Oven  Refrigerator

**Please note any favorite foods here:**

---

---

---

---

*Attention: By signing this form and giving my consent for my child/children to participate in this Program, I assume any and all risks associated with the Program. I acknowledge and understand that for children with specific allergies, the Program may contain possible allergen-containing ingredients. Parents and legal guardians concerned with food allergies need to be aware of the risk. By signing below, I release the Berlin Family Food Pantry, Berlin Memorial School its agents, servants and employees from all liability, costs and damages which might arise from participation in the Program.*

**Parent/Guardian Name**

**(signature)**

**PLEASE RETURN COMPLETED FORM TO THE BERLIN MEMORIAL SCHOOL  
NURSE'S OFFICE by Monday, September 16th, 2020.**