

Breakfast for Kids

PLEASE COMPLETE ALL QUESTIONS FULLY DO NOT LEAVE BLANK- THANK YOU

Parent Name: _____/DOB _____

Parent Address: _____

Parent Phone #: _____

Monthly income: _____ Do you receive SNAP benefits: ___ yes ___ No

_____ Male _____ Female Ethnicity _____ Race _____

in Household _____ # of children under age of 18 in HH: _____

Names of children that will receive the Breakfast for Kids program (must be under the age of 18)

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Please send form back to: info@echoinc.org