



661 Broad Street
Shrewsbury, NJ 07702

SCHOOL LUNCH PROGRAM REGISTRATION

Parents Names: _____

Address: _____

Phone(s): _____

Email: _____

CHILD #1 NAME _____ **GRADE** _____

CHILD #2 NAME _____ **GRADE** _____

CHILD #3 NAME _____ **GRADE** _____

CHILD #4 NAME _____ **GRADE** _____

AMOUNT OF DEPOSIT: \$ _____ **DATE:** _____

RECEIVED BY: _____