

2020 CANTON BACK TO SCHOOL PROGRAM APPLICATION



**Please complete this form and return to Senior & Social Services
by August 14, 2020 indicating your interest in this year's program.**

All non-returned forms will be assumed that assistance is not needed this year

Parent/Guardian Name: _____ Phone#: _____

Address: _____, Canton, CT 06019

EMAIL ADDRESS (please write legibly): _____

Child's Name: _____ Grade: _____ Gender Identity: _____

Backpack Needed? Yes or No Name(s): _____

If yes, color preference (not guaranteed): _____

Notes: _____

We are requesting parental/guardian consent to allow the **Canton Public Schools** permission to provide the Town of Canton Senior/Social Services Director information regarding your child's eligibility status for the Reduced/Free Lunch Program through the schools.

*We are requesting parental/guardian consent to allow the **Gifts of Love** permission to provide the Town of Canton Senior/Social Services Director information regarding your child's eligibility status for services through Gifts of Love, including (but not limited to) the Weekend Food Backpack Program and Back to School Assistance Program through Gifts of Love.

Signature: _____ **Date:** _____

By signing this form I am authorizing the Canton Public Schools and Gifts of Love the right to share information pertaining to my child with the Town of Canton Senior and Social Services Department.

Return completed form to: CANTON SENIOR & SOCIAL SERVICES, 40 DYER AVENUE, CANTON CT 06019 (office is in lower level of Canton Community Center)

Senior & Social Services

Received form date: _____

Date/Time scheduled: _____

Family Code: _____
