

Cocalico Ministerium

Acts of Love - Summer Lunch Program Registration 2015

WHAT IS ACTS OF LOVE: It is a summer lunch program (+ snack) provided by Cocalico Ministerium churches. Distributions are **Monday, Wednesday, and Thursday for the summer weeks beginning each Monday from June 8th until August 24th.** (NOTE: The week of July 4th is a normal lunch schedule of Monday, Wednesday, Thursday.)

If your children or family need these meals, you're invited to register.

WHERE AND WHEN: Lunch distribution is from 12-1 PM at Denver Park, Reamstown Park, Adamstown Park, and Reinholds Park. (IMPORTANT: > **Locations are subject to change**) Accurate information helps us plan where to offer the meals. Please assure you write in **CAPITAL LETTERS** and provide birthdates... this helps our effort.

WE WISH TO HELP. This is the Ministerium's fifth year of the program. Help is offered to any child in need. We do reserve the right to limit those served based on the food available. We encourage any family in need to register. Adults are also served a meal. We consider special food needs as resources allow.

Please return the form below as soon as possible to the following pastor, any Cocalico School District church, or the school.

Questions- please contact Pastor Joseph Veres Faith United Ev. Lutheran Church, 357 Walnut Street, PO Box 157, Denver PA 17517-0157
Phone: 717-336-2141 Fax 717-336-6475 Email: faithunited@ptd.net // or visit -- faithunited-elca.org

----- CUT AT LINE AND RETURN -----

Registration for 2015 Acts of Love Summer Lunch Program



Please do NOT abbreviate. Write all information in block CAPITAL LETTERS.

PARENT'S LAST NAME	FIRST NAME	FULL BIRTH DATE	PARENT'S LAST NAME	FIRST NAME	FULL BIRTH DATE
1.			2.		

Street Address:	Town/State:	Zip:
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Primary Phone (*)- -	HOME CELL WORK	Secondary Phone (*)- -	HOME CELL WORK
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Email — Home:	Work:
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* PLEASE INCLUDE AREA CODE

Children—NAME AND BIRTH DATE

CHILD'S LAST NAME	FIRST NAME	FULL BIRTH DATE	CHILD'S LAST NAME	FIRST NAME	FULL BIRTH DATE
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

IF MORE SPACE IS NEEDED, PLEASE USE THE OTHER SIDE OF THE FORM

List below USING CHILD'S NUMBER SHOWN ABOVE any medical or other conditions affecting your child(ren).

Emergency Contact: name & phone.. especially cell phone and email (if that is better) and relationship to your child(ren):

Location to receive lunch— CHOOSE Please check mark (✓) your choice:	<input type="checkbox"/> Denver Park	<input type="checkbox"/> Reamstown Park
	<input type="checkbox"/> Reinholds Park	<input type="checkbox"/> Adamstown Park

I can help— name: _____ /contact at: _____	We prefer vegetarian**: YES NO > # OF MEALS
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** circle one. If YES - how many meals are needed?