



Boonslick Heartland YMCA
757 3rd Street
Boonville, MO 65233
(660)882-8500

AT RISK: GRAB & GO MEAL PACK ENROLLMENT FORM

Child's Full Name: _____

Parent or Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Meals received: Breakfast: Lunch:

My child is **NOT** receiving the above meals from another institution _____ (initial)

(Parent Signature)

(Date)

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