ALL INFORMATION IS REQUIRED BEFORE APPLICATION CAN BE PROCESSED

(Only for grades Pre-K – 8th)

Name of Parent or Guardian: _____

Address: _____ County: _____

Phone: _____ Email: _____

Child #1 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

Child #2 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

Child #3 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

Child #4 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

Child #5 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

Child #6 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Homeroom): _____

** Please Fill out **ENTIRE FORM** (homeroom teacher) before submitting

Your signature confirms that the information provided is true and accurate for the 2026/2027 Academic School Year.

DO NOT RETURN FORM TO CANAL WINCHESTER SCHOOLS.

REGISTRATION MUST BE SUBMITTED TO:

CANAL WINCHESTER HUMAN SERVICES, FEEDING OUR FUTURE, 80 COVENANT WAY, CANAL WINCHESTER, OHIO 43110 or emailed to Alannah Linderman at pantry.coord@cwhumanservices.org

Signed: _____ **Date:** _____