

REGISTRATION FORM

Please provide the following information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Preferred form of communication (check one): Phone Text Email

Number of family members in the household: _____ # adults _____ # children

Emergency Contact:

Name: _____ Phone: _____

My Commitment:

- Attendance: I will attend regular sessions that will be held on _____.
- Participation: I will actively participate in sessions and share my thoughts, ideas, and experiences with the group.
- Feedback: I will provide confidential feedback and evaluation after each session.

By signing below, you agree to keep your commitment to the program. By signing you give Food Families permission to take your picture, knowing that it might be used in future promotional materials.

Signature: _____

