



**Division of Child Care and Early Childhood Education**



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**Child Nutrition Program  
Parent Pick Up Waiver Form**

Entity Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Site Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Name of Participating Child:</b>

I acknowledge that all information on this form is true. I understand that CACFP/SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

I, the Sponsor, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_