**Attachment I4 Parent Info Insert**

**Summer Food Service Program Participant Characteristics Study**

**Participant Contact Information**

Instructions:

Please complete the form below. When you have finished, please either e-mail the information to SFSP@optimalsolutionsgroup.com, fax it to 301-306-1197, or mail it back in the pre-addressed envelope provided.

|  |
| --- |
| **School District:** |
| **Name (print):** |
| **Home Address:** |
| **Phone: ( )** | **E-mail:** |
| **Alternate Phone: ( )** |  |
| **Convenient times to be contacted Monday through Friday (check all that apply):** |
| 9:00AM – 10:00AM | 2:00PM – 3:00PM |
| 10:00AM – 11:00AM | 3:00PM – 4:00PM |
| Noon – 1:00PM | 5:00PM – 6:00PM |
| 1:00PM – 2:00PM | 6:00PM – 7:00PM |

**Will your child(ren) receive meals at any of the following sites this summer?**

**<List of local sites>**

 ****

**Additional information you would like to provide (please write below):**