Heather Leuzzi National School Lunch Program Coordinator 973-340-5000 ext. 2308

Free PreK Breakfast Opt Out Form

l,, a	am the parent/guardian of the following child(ren)
and I would not like them to participate ir	n the Free Breakfa <mark>st Pr</mark> ogram.
13.77	The state of the s
Child Name:	School:
Child Name:	School:
l understand that <mark>by signing below m</mark> y ch	nild(ren) will not receive breakfast from the
Breakfast Program.	(and)
- A 1	Emilia III
Parent/Guardian <mark>Signature</mark>	Date
- 6	
Please return this form to your child(ren) School.	ACT STREET
Thank You	