

Free PreK Breakfast Opt Out Form

I, _____, am the parent/guardian of the following child(ren)
and I would **not** like them to participate in the Free Breakfast Program.

Child Name: _____ School: _____

Child Name: _____ School: _____

I understand that by signing below my child(ren) will **not** receive breakfast from the
Breakfast Program.

Parent/Guardian Signature

Date

Please return this form to your child(ren) School.

Thank You