



ID # _____

Date: _____

Enrollment Form

Name _____ Telephone _____

Address _____ E-mail _____

Date of Birth _____ Cell phone _____

Additional Family Members that live with you:

Name	Relationship	D.O.B.	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Particular food requests will be honored whenever possible. **Dietary Preferences:** (low salt, gluten-free, vegetarian) _____

Distribution Preference:

_____ I can pick up my food at The Parmenter Food Pantry located at St. Ann's Church, 134 Cochituate Road, Wayland between **9:00-11:00 am** on pantry day. Please make every effort to pick up on time as the Food Pantry is staffed solely by volunteers.

_____ I cannot pick up my food. Please deliver my food on food pantry day. **Deliveries must be received by an adult at the home.**

If you have any questions or need to make last minute changes, please contact Laurie Hojlo, Food Pantry at 617-694-6137.

The Parmenter Food Pantry requires proof of Wayland residency (examples: copy of driver's license, phone bill or verification from landlord/housing authority). Please include proof of residency with your form and bring it to the Parmenter Food Pantry during food distribution.

Date _____ Signature _____

Please contact Laurie Hojlo, Director with any questions at 508-358-0028. Thank you!