

Anne Bradstreet ECC Snack Program Enrollment

Student Name: _____

School: _____

Grade: _____

Parent Name (s): _____

Address: _____

Home/Cell Telephone # _____

Email Address: _____

Program Cost: \$165.00 per school year

Please note that:

____ I am enclosing payment with Check #: _____

____ I am making my payment on SendMoneytoSchool.com

Parent Signature: _____

Please complete this form even if you have already sent in payment. Forms should be returned to the North Andover School Lunch Office, 430 Osgood Street, North Andover, MA 01845. If you have any questions please contact Mary Ann Cummings, POS Administrator, at schoollunch@northandoverpublicschools.com.