

FOCE Grocery Card Program New Family Information

Parent or Guardian Names: _____

Students' Names: _____

Address: _____

Home Phone: _____

Cell: _____

Work: _____

Preferred Email Address: _____

What store(s) would you typically buy cards for:

Giant Eagle *Food Lion* *Giant* *Safeway* *Weis*

Please circle your ordering preference:

Weekly *Bi-weekly* *Monthly* *As Needed*

Please circle your preference for pick-up/delivery of cards:

After drop off in AM *At dismissal in parking lot* *At home of Grocery Card Captain*

If these options are not convenient, please indicate what arrangement might work best for you:

Future Student Account Requested: *Yes* *No*

Would you like a Grocery Card Captain to contact you to answer any questions you might have?