Project Care Application

Gilchrist Elementary School — Tallahassee, Florida

Leon County Schools — LCS

Student Name(s) and Grade

First Name	Last Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please remember to complete the following when applying for Project Care:

- An EDEP registration form for each of the children listed above.

- The Free and Reduced Meal Application found online through Leon County Schools Food and Nutrition Services. http://www.myschoolapps.com

- Your acceptance letter must be submitted to the EDEP Director/Assistant Director. **Failure to turn in your acceptance letter in a timely manner may result in losing your current place on the Project Care waiting list.**

- Understand that failure to pay EDEP fees on time may result in loss of Project Care status. Nonpayment of fees can result in dismissal from EDEP.

Parent Signature: _____

Parent Signature: _____

☐ Yes, I would like you to save a space in EDEP for my child(ren) regardless of my Project Care status.

☐ No, if I do not receive Project Care my child(ren) will not be attending EDEP.