



**Healthy Eating Advocacy Team (HEAT) Jr.**

**\*Our Mission\***

**The Healthy Eating Advocacy Team (HEAT) will work with New Foundation staff members and fellow students to develop ideas to promote healthy eating and living among NFCS students.**

**Activities**

**Healthy Eating Celebrations  
NFCS Community Gardening  
Field Trips**

**Food Demos  
Community Service  
Fundraisers**

**Healthy Eating Campaign  
Digital Cookbook  
Movie Nights**



**🍌 Keep Calm and be Healthy 🍌**

**\*\*\*OPEN TO GRADES 6-8\*\*\***

**Meetings: Mondays from 3:00 - 4:15pm in the Elementary Computer Lab**

**Cost: \$15.00 per student**

**Contact Advisors: Mrs. Thomas - [jthomas@nfcs.k12.pa.us](mailto:jthomas@nfcs.k12.pa.us) and Ms. McMahon -  
Advisor at [kmcmahon@nfcs.k12.pa.us](mailto:kmcmahon@nfcs.k12.pa.us)**



**2018-19 HEAT Team Permission Form**  
**Mondays 3:00-4:15pm**



**To sign up please complete this form and return it to  
Mrs. Thomas, Ms. McMahon or the CARES Office ASAP with the one-time \$15.00.  
Meetings will begin on Monday, 9/24/18.**

Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



Emergency Contact #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact#2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

At the end of the program day, my child will:     Be picked up     Walk home     Go to CARES

**\*\*\*Please list all people who are allowed to pick up your child (please notify the CARES office if this changes):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I understand that my child will be staying afterschool regularly on Mondays from 3-4:15pm and some other days as needed to work in the school and community garden or to go on field trips. I agree to pay the one-time fee of \$15 in cash, check or MO made out to NFCS as include it with this form. It is the responsibility of my child to communicate any additional days with me in advance. I also understand that it is my responsibility to arrange for transportation for my child at the end of the program. If my child is not picked within 15 minutes of the end of the program, he/she will be enrolled in the CARES program and be charged \$5.00/day. If my child is not signed out by 6pm, I will be charged a \$1/per minute late fee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_