



Dear Parents/Guardians,

DeRuyter Central School strives to provide excellence to our students and community. During this pandemic we have shifted how we handle all aspects of providing for a child. New York State has responded to the pandemic by allowing schools to offer a variety of food programs to their students. At DeRuyter, we are taking advantage of some of these offerings.

1. Our cafeteria has shifted from a “closed site” to an “open site”. Being an open site means that our school can provide meals to any child in the community ages 2-18. This differs from the closed site where we could provide meals for enrolled students only. To be included in this program, please reach out to our office (contact information below) or by filling out the form at the bottom, or on our website.
2. We have also shifted from serving two meals on weekdays to serving two meals EVERY day of the week. This means we can provide any family with children ages 2-18 in the household breakfast and lunch Monday-Sunday, including during any scheduled days off. To be included in this program, please reach out to our office (contact information below) or by filling out the form at the bottom, or on our website.
3. **Everyone** in our community is eligible for this meal program. You do not need to show proof of income. This is a program offered by New York State and is at a \$0.00 cost to the district. We simply need the following information: Child(ren)’s name, age, and your choice of pick-up method.

Meals will be available for pick up or sent home with a student on Fridays. This will be the same process for any scheduled days off for the district. Please note that the vacation meals will be larger quantity and may require some assistance- so we do recommend communication between the food service department and the parent or guardian to work through the logistics of the vacation meal pick up method.

To sign up please call or email:
Amanda Graham-Quirk
grahamquirk@deruytercentral.org
315-852-3400 X7502

Or use google form:

<https://docs.google.com/forms/d/1uimnzbaggF4RIImk6PokZaZBYXiYntsUp55cBEurYpN4/edit>

_____ Yes I would like to Participate

Child/Children’s Names and ages:

Contact Name and Number
