



FOOD BACKPACKS 4 KIDS

SCHOOL: _____

Dear Parents/Guardians,
Food Backpacks 4 Kids is a program offered in the Peninsula School District for students whose families are in need of food assistance/support. The backpacks will come home with your student(s) each Friday packed with easy-to-prepare foods for the weekend. Please remember to **return the backpacks** to school on Mondays.

If you would like to participate in the program, please return this form to school after filling it out completely and signing below. AGES of EVERY FAMILY MEMBER are required for us to receive donated food. All information is strictly confidential.

Thank you in advance for helping us to make this the successful program that it has become!

1. Ages of ALL family members: _____

2. Total number of family members at home: _____

3. Ethnicity (optional): _____

4. Please list any foods your child(ren) cannot eat (due to allergy or religious prohibitions):

5. Do you have a crockpot: Yes No (circle one)

6. Enrolled students who would like to receive a backpack every Friday:
Name M/F Grade Age Teacher (and school, if different)

Parent/Guardian Signature _____ Phone: _____

Print name: _____ Zip code: _____

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