

Weekend Backpack Program Participation Form

Please return form to Rm. 803.

Name of student(s): _____

Parent/Guardian Name(s): _____

Address: _____

Zip Code: _____

Phone: _____

What is the best way for us to contact you?

Phone (list preferred number)

Email (list preferred email address)

Method of Delivery – please check one box:

Please give food backpack to my child at school on Friday

I will stop by the school between 2:00 pm and 4:00 pm to pick-up food backpack

I consent for my child to participate in the Weekend Backpack Program. I understand that the contents may vary each week.

Parent/Guardian Signature

Date

If your child or others in your family have dietary restrictions and/or food allergies or sensitivities, please include a note below:
