**Weekend Hunger Backpack Program Enrollment Form (2016-2017)**

**School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian:

We are happy to let you know that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is eligible to participate in the program.

If you choose to enroll your child, he or she will receive a roller backpack with food in it every Friday during the school year. The program will provide food for **all school-aged children** in your household. The backpack and food are provided at no cost to you and your family. Your child is responsible to return the backpack empty on Monday. (*If the backpack is not returned then your child will not be able to receive any food that week, so please be sure that the backpack is returned each week*.)

A Weekend Backpack typically contains:

• breakfast items • mac & cheese

• canned vegetables • fruit

• soup • pudding cups

• applesauce • snacks

• juice • crackers/granola bars

I want my child to enroll in the Backpack Program for the 2016-2017 school year.

I do not want my child enrolled in the Backpack Program.

Number of school-aged children in the household\_\_\_\_\_\_

\*\* (for all other kids in the household, please list their name, birthdate and school on the

Program Referral Form)

Food allergies:**­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Parent/Guardian Signature Date***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***