



2015-2016 School Year

Dear Parent/Guardian,

Area donors are proud to offer Snack Pak 4 Kids, a weekend child-feeding program. This "backpack" program is designed to send child-friendly food home to **hungry children over the weekends that have little or no food at home**. Many of these children are on the free school lunch program and their parents rely on the school cafeteria as their main source of food for their child.

If you are struggling and need assistance feeding your child on weekends, we would like to give your child the opportunity to participate in our new "**Snack Pak 4 Kids**" program that will be available beginning _____.

On Fridays, or the last day of each school week, the school coordinator will see that your child discretely receives a **free bag of food** items in his or her backpack before the school day ends. The food items will be put into their backpacks for them to take home and eat over the weekend.

Research suggests that adequate nutrition has a positive link for your child's learning capabilities. If you feel like your child or family would benefit from this, **please sign the bottom of this letter and return it to the school office** and we will make sure your child's name is on our distribution list. Your response will be kept confidential.

Thank you,
(Name of school principal here)

Please fill out the following information if you would like your child to participate in our "Snack Pak 4 Kids" program, and then return it to your child's school office. _____

Child's Name _____

School _____ Class _____

List any food allergies that your child may have _____.

List of other children in the house and their ages:

(Name of School) and Snack Pak 4 Kids are not responsible for any allergic reaction my child may have to the food items supplied. **It is my responsibility to look through the food items received before giving them to my child to avoid any allergic reaction.**

Therefore, by signing below, I release **(name of school)**, Snack Pak 4 Kids, and **(name of school district)** harmless against all liabilities, damages, losses, or claims resulting from the food.

Parent/Guardian **Signature:** _____ **Date:** _____

PRINT Parent/Guardian Name: _____

Participants are not discriminated against because of race, sex, color, national origin, age or disability.