



Feeding Our Communities Partners (FOCP) offers the Backpack Food Program **free of charge** to **K-5** students who are in need of food on weekends and over school breaks. This is not a government program; all food and supplies are paid for by donations from individuals, foundations, businesses, and the United Way.



Signing up for the Backpack Food Program means your child will receive a child-friendly, non-perishable breakfast, lunch, and snack for each day school is not in session during the current school year. This includes:

- a food pack for every weekend and scheduled day off, discreetly placed in your child’s backpack at school;
- a box/bags of food for Thanksgiving and Spring Breaks,
- a box of food for Winter Break, available for pick-up at Backpack Central in December.

Eligibility and Enrollment Information

Your child(ren) are eligible for this program if they are in grades K-5 and you are not financially able to provide enough food for them. If you are able to provide enough food for your child(ren) without assistance, please refrain from signing up.

Terms of enrollment: I enroll the child(ren) listed below for the 2016-2017 school year. The Backpack Food Program has my permission to contact the school to confirm food allergies. I understand that enrollment in the Backpack Food Program may be discontinued if my child(ren) refuse to bring the food packs home or if they eat the food on the school bus.

To enroll: Complete and **sign** the form below and submit it to the school office at any point in the school year. You can start or stop your participation at any time.

Contact Nicole Swanson with questions or changes to enrollment: 507-381-4562 or nswanson@backpackfoodprogram.org

The Backpack Food Program is an initiative of Feeding Our Communities Partners, a qualified 501(c)(3) charitable organization. Learn more at www.BackPackFoodProgram.org



DETACH HERE and RETURN COMPLETED FORM to **YOUR SCHOOL’S OFFICE**

Mankato ISD 77 Elementary School 2016-2017 SCHOOL _____

PLEASE PRINT NEATLY AND COMPLETE ALL 4 STEPS. COMPLETE ONE FORM PER HOUSEHOLD, PER SCHOOL.

Step 1: Parent/Guardian Name(s) _____




Address _____

City/State/Zip _____

EMAIL! _____ Phone _____

Step 2: Do you give permission for your child(ren) to fill out **anonymous** surveys about the Backpack Food Program? Circle one: YES or NO

Step 3: Student Enrollment Information - *If you need more space, please use the back of this form.*

	First Name	Last Name	Teacher’s Name	Grade Grades K-5 <i>only</i>	Dietary Restrictions/ Food Allergies <small>Allergies must be on file with school</small>
Child 1					
Child 2					
Child 3					
Child 4					

By signing this form, I am agreeing to the terms and eligibility criteria listed above.

Step 4:



Parent/Guardian Signature _____ Date _____