

Dear Parent or Guardian,

We are happy to tell you that your child has been selected for a program called the Backpack Program, offered through the school and Food Bank for the Heartland. If you choose to allow your child to participate, he/she will discreetly receive a food pack of nutritional food items every Friday afternoon during the school year. The food is at *no cost* to your child.



Please fill out the portion below indicating whether you would like your child to participate in the program or not. Your child will not be allowed to participate in the program until this letter is returned to the school.

If you have any questions or concerns, please contact the school's Backpack Coordinator, _____, at _____. If you decide at any time during the school year that your child does not need the food, please contact the coordinator then as well.

Sincerely,

Megan Burton
Network Compliance Coordinator
Food Bank for the Heartland

Return this form to your school's Backpack Coordinator, _____.

- I want my child to join the Backpack Program.
- I *do not* want my child to join the Backpack Program,
please take him or her off the list.

Child's Name

Grade

Parent/Guardian Signature

Date