

## BackPack Program

The Hunger Prevention Council of Pierce County, Inc., Zion Covenant Church, and Ellsworth School District are continuing the BackPack Program again this year for grades K- 12. The mission of the Back Pack Program is to help alleviate child hunger in our community by providing hungry children with nutritious and easy-to-prepare food at times when other resources are not available, such as weekends and holidays.

If you choose to participate, your child will be discreetly sent home with a backpack on Thursdays or Fridays of each week during the school year (except for shortened weeks). This backpack will contain food that can be used together to create meals. If you have more than one child, only one will be receiving a backpack for the family. It will be your responsibility to be sure that the empty backpack is sent to school with your child by the following Tuesday morning and brought to the office. Unreturned backpacks will result in not receiving food for that week. You are not required to purchase this backpack for your child; it will be provided for you. We expect the program to be ready to start by the third week of September.

Due to financial constraints, the program will be offered on a first come, first serve basis. Therefore, it is important to return this application as soon as possible. All others will be placed on a waiting list. Please be assured that only a small group of school employees will be aware of which children are being served by this program. Members of the sponsoring church, Zion Covenant, will only receive the information from the dotted line down. Your family will be assigned a number to match the backpack to your child.

IF YOU WERE ON THE PROGRAM LAST YEAR YOU MUST REAPPLY AGAIN THIS YEAR!

**Yes!** \_\_\_\_\_ I would like my child(ren) to participate in the BackPack Program!

1<sup>st</sup> Child's Name: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (office use only) Family# \_\_\_\_\_

Child(ren)'s School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Health Concerns (ex. Diabetes) \_\_\_\_\_

Family Size: Number of Adults in the home (18 & up): \_\_\_\_\_

Number of Children in the home (include participating child):

Infants 0-1 \_\_\_\_\_

Ages 1-3 \_\_\_\_\_

Ages 4-6 \_\_\_\_\_

Ages 7-10 \_\_\_\_\_

Ages 11-13 \_\_\_\_\_

Ages 14-17 \_\_\_\_\_

(office use only) Family# \_\_\_\_\_

Return completed form to: Bridget Nelson, School Nurse, 445 South Piety Street, Ellsworth, WI 54011 or bring to the school office. 715-273-3912 for any questions.