

Back Pack 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 **BackPack** 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!

1st Child's Name: _____

2nd Child's Name: _____

3rd 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: Amy Duchnowski, School Nurse, P.O. Box 1500, Ellsworth, WI 54011 or bring to the school office. 715-273-3911 for any questions.