

2020-2021 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 with **hungry children over the weekends who 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 the 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 **Snack Pak 4 Kids** program.

**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 the Snack Pak 4 Kids program, then return it to your child’s school office.**

Child’s Name

School Class

List any food allergies that your child may have

List 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.**

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.