

## Backpack Program

Free weekend food for your child is available through the Backpack Program. The Backpack Program is sponsored by 6 churches in the Tri-Center school district. The goal of the Backpack Program is to offer a supply of nutritious meals and snacks for children over their weekends and extended breaks free of charge. **Any child enrolled in Tri-Center is able to receive these weekly bags of food.**

If you believe your child could benefit from this program, **we encourage you to sign them up by filling out the form below and returning it to one of the Tri-Center school offices.** Only one form is needed for all the children in your family, but include information for each child in the form below. This information is kept strictly confidential. The secretaries will give the forms to Pastor Brian from the Minden UCC. Tri-Center will help distribute the bags only. Tri-Center is not involved in selecting participants or providing food. Bags will be distributed by Ms. McGee on Fridays or the last day of the school week.

This letter is going out to all students in the Tri-Center district and only those families who return the form will get backpacks. The Backpack Program is sponsored by: Minden UCC, Harvest Alliance, St. Patrick's, First Presbyterian, St. John's Lutheran and St. Paul's Lutheran churches.

Once your child(ren) is/are signed up, they will receive bags of food each week until they leave the school, school is out for the year, or you no longer wish them to participate.

**We encourage you to take advantage of this program for your family and your children.**

Questions or concerns? Please contact Pastor Brian, 712-483-2903 or [bwohlhuter@gmail.com](mailto:bwohlhuter@gmail.com)

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### Backpack Program Consent Form

Please sign my child(ren) up for the Backpack Program. I understand my child(ren) will soon start receiving a bag of food in their school backpack at the end of each week for his/her use over the weekend or school holiday.

**Please Print Clearly.**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Special dietary needs, if any (e.g., diabetic, food allergy, Kosher) \_\_\_\_\_

Child's Name \_\_\_\_\_

Special dietary needs, if any (e.g., diabetic, food allergy, Kosher) \_\_\_\_\_

Child's Name \_\_\_\_\_

Special dietary needs, if any (e.g., diabetic, food allergy, Kosher) \_\_\_\_\_

Child's Name \_\_\_\_\_

Special dietary needs, if any (e.g., diabetic, food allergy, Kosher) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone Number (if any) \_\_\_\_\_

Parent/Guardian Email Address (if any) \_\_\_\_\_