

# BackPack Program Enrollment Form

## 2024-2025 School Year

*\*Please write clearly and be sure to include information for all children enrolled in school that you would like to participate in the program. The Backpack program begins September 13, 2024.*

Child's First Name	Last Name	Gender	Grade	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**If your child has any dietary needs, we will not be able to prevent students from receiving items they may have an allergy to.**

School enrolled: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please initial one of the following options:*

- \_\_\_\_\_ Yes, send my child's **BackPack Program** food home from school.
- \_\_\_\_\_ No, DO NOT send my child's **BackPack Program** food home from school.

*I will pick the food up on Thursdays before 2pm at the REACH Office in Hawley.*

Please return this form by mailing it to the address below, or send it with your child to the school office. If you have any questions regarding this program, please contact me.

Sincerely,

Shania Alder  
 Family Support & Food Pantry Coordinator  
 REACH- Rural Enrichment and Counseling Headquarters

Date Enrolled: \_\_\_\_\_

Date Removed: \_\_\_\_\_ Requested By: \_\_\_\_\_

\_\_\_\_\_ Address Verified      REACH Volunteer/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_