

REACH
BackPack Program Enrollment Form
2025-2026 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 12, 2025.*

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: _____ 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: _____

Please return form to: REACH 421 5th St. PO Box 237*Hawley, MN 56549
Office: (218)483-3145 Fax:(218)483-3149
pandicoordinator@ruralenrichment.org