

Backpack Program Registration Form



Dear Parent/Guardian,

Your child has been invited to participate in the backpack program. This program is free of charge thanks to our partnership with the Child Hunger Outreach Partners (CHOP) and Central Pennsylvania Food Bank. Every week, your child will be provided with a bag of nutritious, non-perishable food that is to be eaten over the course of the weekend. It is not intended to be opened until your child is home. The program will continue throughout the school year.

To enroll your child in this free program, please complete this form and return it to your child's teacher. Feel free to email Dani at CHOP (dani@chopouthunger.org) with any questions.

Student's name: _____

Address: _____

Phone: _____ Grade: _____ Age: _____

By signing this form, I agree to allow my child to participate in the backpack program of Child Hunger Outreach Partners.

I understand that the bag may contain allergen-containing ingredients and am aware and responsible for the risks associated. The school district, Central Pennsylvania Food Bank, and Child Hunger Outreach Partners will NOT assume any liability for adverse reactions to foods consumed.

By signing this form, I agree to assume any and all risks associated with my child's participation in the program, including any adverse reactions my child may have to foods consumed.

Parent/Guardian Signature

Date