



09/2023

Dear Parent/Guardian,

Your child has been invited to participate in our **BackPack Program**, a program of FeedMore WNY. The goal of the BackPack program is to provide nutritious and easy-to-prepare foods to children to take home on weekends and school vacations. This program is provided to you, completely free of charge!

Each week your child will be provided with a bag of nutritious, non-perishable food* to be eaten over the weekend. The food will be placed in your child's backpack at the end of the school day and it is intended to be opened once your child is home. The program will begin **October 2023** and will continue throughout the **2023-2024** school year. Participation in the BackPack Program will not affect your family's eligibility for other food assistance programs (such as SNAP, WIC, or food pantry access).

To enroll your child in the program, please complete the attached form and return it to **Courtney Fick by September 15, 2023**. Please call **Courtney Fick at 716-215-3203** or email: **cfick@nwcsd.org** with any questions. *****Please note- even if you signed up last year, you must complete the form again.**

We are looking forward to a great year!

Sincerely,

Courtney Fick

Courtney Fick

** Please Note: Food donations that are received from manufacturers and distributors may be near or past their "USE BY", "BEST IF USED BY", or "QUALITY ASSURANCE" dates. These dates refer to the last date that the product is likely to be at peak flavor and quality. They do not mean the food is unsafe after that date. Generally, these items may still be of acceptable quality up to one year from this date. FeedMore WNY staff goes to great measures to ensure that all food distributed is safe to consume.*

Backpack Program Enrollment Form

Yes, please enroll my child(ren) in the BackPack Program!

Complete information for each child in the home that is participating in the program:

Child: _____ Age: _____

Allergies/Dietary Restrictions: No Yes

If yes, check all that apply: Nuts Soy Gluten Dairy

Other _____

Child: _____ Age: _____

Allergies/Dietary Restrictions: No Yes

If yes, check all that apply: Nuts Soy Gluten Dairy

Other _____

Child: _____ Age: _____

Allergies/Dietary Restrictions: No Yes

If yes, check all that apply: Nuts Soy Gluten Dairy

Other _____

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Allergies/Dietary Restrictions: No Yes

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Other _____

Child: _____ Age: _____

Allergies/Dietary Restrictions: No Yes

If yes, check all that apply: Nuts Soy Gluten Dairy

Other _____

Child: _____ Age: _____

Allergies/Dietary Restrictions: No Yes

If yes, check all that apply: Nuts Soy Gluten Dairy

Other _____

No, do not enroll my child in the BackPack Program because:

I need more information about the program

We have enough food in our house

We have cultural, religious, and/or dietary preferences

Other _____

Signature _____

Date _____