

Return to a homeroom teacher -- only one per family needed!

Perry County BackPack Program
BackPack Registration Form
2019-2020 School Year

*** ONLY ELEMENTARY STUDENTS ARE ELIGIBLE FOR THIS PROGRAM ***

Elementary School Name: New Bloomfield Elem.

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian Contact Information:

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Food Allergy Policy:

I agree to allow my child to participate in BackPack, a program of the Central Pennsylvania Food Bank, Perry County Food Bank, and my school district. I understand that, for children with food allergies, BackPack Program items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. The Central Pennsylvania Food Bank, Perry County Food Bank, and the school district 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 BackPack Program including any adverse reaction my child may have to foods consumed.

Parent/Guardian's Signature

Date

Transportation Policy:

No open food or beverage containers are permitted on any district-sponsored/contracted vehicles used to transport students to/from school. All BackPack participants are required to keep his/her distribution bags and its contents closed until they get home. Participants who violate this policy will be reported to the participant's school and may be removed from the BackPack Program. I understand that my child may be removed from the BackPack Program if he/she violates the transportation policy.

Parent/Guardian's Signature

Date

