



FREE FOOD FOR YOUR CHILD THROUGH THE BROOKINGS BACKPACK PROJECT

The Brookings Backpack Project (BBP) partners with Head Start staff to provide a **free supply of meals and snacks** to students who may need an additional food resource over weekends during the school year. The food is given to the children before they leave Head Start each Thursday (or, in case of holiday, the last day before the break).

Any child enrolled in Brookings Head Start (or the Brookings Public Schools) may participate in BBP. There is no eligibility requirement.

If you believe that your child would benefit from this assistance, please register her/him right away. While you may register anytime during the school year, the sooner you do so, the sooner your child will begin to receive food.

To register, simply complete the consent form below and return it to your child's Head Start teacher. If you have more than one child in Head Start, you only have to submit one form, listing all your children. (A separate form must be completed for children in the Brookings Public Schools and is available from the school district.) This information will be kept confidential.

Once Head Start receives your consent form, your child's name will be added to the list of students registered for BBP. S/he will soon begin to receive a supply of kid-friendly food at the end of each school week.

Please consider letting this terrific program help your family. Questions? Contact your child's Head Start teacher, or visit the BBP website, www.brookingsbackpackproject.org.

2010-2011 Brookings Backpack Project Consent Form

Please register my child(ren) for the Brookings Backpack Project. I understand that if BBP has sufficient funds, my child(ren) will soon start to receive a supply of food at the end of each week for his/her use over the weekend or school holiday.

PLEASE PRINT CLEARLY.

Today's Date _____

Child's Name and Age _____

Special dietary needs, if any (e.g., diabetic, food allergy, kosher) : _____

Child's Name and Age _____

Special dietary needs, if any (e.g., diabetic, food allergy, kosher) : _____

Child's Name and Age _____

Special dietary needs, if any (e.g., diabetic, food allergy, kosher) : _____

Optional: Please check any box below, according to your interest(s). Understand that by doing so, you waive confidentiality, and the school will share your contact information with BBP.

- I may be interested in helping to pack foodbags.
- I may be interested in serving as a volunteer "family representative" on the BBP management team.

Parent/Guardian Name _____ Telephone Number (if any) _____

Parent/Guardian Email Address (if any) _____