

The **Renville County Back-the-Pack Program** sponsored in part by Olivia Masons, United Way, CCFE, Cross of Calvary, Our Savior's, and others work with school staff to provide **free meals and snacks** to students who may need additional resources to provide meals over the weekends during the school year. The food is taken to the schools to be distributed to the Preschool through 6<sup>th</sup> grade children on Fridays before the children leave school.



**This service is provided to any child enrolled in the BOLD, RCW, GFW Public School or Olivia Head Start. There is not an income eligibility requirement for this program.**

**To register, complete this form and return it to your child's school.** If you have more than one child, you only have to submit one form listing all your children and the school they attend (Olivia, Bird Island, Gibbon, or Renville). This form will be kept confidential.

After your consent form is received with ***all information completed***, your child's name will be added to the list of students registered for the program. If the program has sufficient funds, s/he will begin receiving a supply of child-friendly food at the end of each school week.

**If you have questions, contact Betsy Hennen at 523-5717.**

(This program is not associated with the free/reduced lunch program provided by BOLD/RCW/GFW Public School.)

---

## 2015-2016 Renville County Back-the-Pack Program Consent Form

Please register my child(ren) for the Renville County Back-the-Pack Program. I understand that if the Program has sufficient funds, my child(ren) will receive a supply of food at the end of each week for his/her use over the weekend.

**Please Print Clearly**

Today's Date \_\_\_\_\_

Child's Name, Grade, Teacher School \_\_\_\_\_

Special dietary needs, if any (e.g. diabetic, **food allergy**) \_\_\_\_\_

Child's Name, Grade, Teacher, School \_\_\_\_\_

Special dietary needs, if any (e.g. diabetic, **food allergy**) \_\_\_\_\_

Child's Name Grade, Teacher, School \_\_\_\_\_

Special dietary needs, if any (e.g. diabetic, **food allergy**) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parent/Guardian Name **PRINTED**: \_\_\_\_\_

Parent/Guardian Email Address (optional) \_\_\_\_\_