Cadott Community Schools 426 Myrtle St., Cadott, WI 715-289-3795



Dear Parents/Guardians:

Your child(ren) can participate in a program called "Backpack Buddies Nutrition On Weekends." This program gives your child a bag not of books, but of food. Each Thursday, or on the last day of classes in vacation-shortened weeks, your child will receive a bag to take home filled with nutritious food and snacks. Members of Come Now and Eat Community Table and St. John's Lutheran Church as well as local volunteers pack bags and bring them to the school for children to take home at the end of the school week.

Backpack Buddies is intended to meet the nutritional needs of students in grades 4K-12th during non-school hours, specifically weekends. It targets students who would benefit from nutritious meals and might not otherwise have access to them. This program is available to students in 4K-12th grades. To be eligible to receive a food bag, a student must be eligible for free or reduced lunch, but **all** children can apply. As your financial situation changes, you may sign up or withdraw from the program at any time.

We will do our best to ensure this program is confidential. Students will not be identified as participating. For Elementary students, BPBNOW bags will be placed in their backpacks each Thursday, with delivery beginning the end of September. At the Junior/Senior High School, Mrs. Behnke or Mrs. Freitag will put the sack of food into your child's locker while students are in class for confidentiality purposes.

We need your permission for your child to participate. Please sign the enclosed permission form(s) and have your child return the form(s) to the Elementary or Junior/Senior High School Office. Please also talk to your child about this program so he or she will understand why they are bringing home a bag of food. Feel free to contact us with any questions about the program.

Sincerely,

Dena Manier Elementary Guidance Counselor

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In order to be eligible for the Backpack Buddies Nutrition on Weekends Program you must qualify for free or reduced lunch.

I grant permission for my child to participate in this program.

Student's Name:	Grade:
Student's Name:	Grade:
Parent/Guardian Signature:	Date:

Disclaimer relative to food allergies: Please note: If your child has a food allergy, it is **your responsibility** to screen donated food items to make sure they are safe for your child to eat. In a program this size, we cannot monitor every food product against possible allergens. If you have any concerns regarding this, perhaps it would be best for your child not to participate or for you to be present on distribution days to check the backpack before it goes home.

Please return to the School Office or Student Services Office where your child/children attends.