BackPack BEGINNINGS

Mailing Address
1852 Banking Street #9024
Greensboro, NC 27408

Physical Address
3711 Alliance Drive
Greensboro, NC 27407

BackPackBeginnings.org • 336-954-7445

Dear Parent(s)/Guardian(s):

Your child _____ is able to be part of a FREE program called “BackPack Food Program”. It is offered through the local nonprofit BackPack Beginnings. Your child can receive a bag of food every Friday. The food is at no cost to your child. If interested, please answer all items below and sign. ALL INFORMATION IS KEPT CONFIDENTIAL.

There are 2 Types of Food Bags. Please **choose** the type of food bag that works best for your child.

Family Bag- Assortment of shelf stable, need to prepare foods such as canned chicken, canned vegetables, canned fruit, pasta, peanut butter, breakfast items, snacks, etc. Items vary. Weighs between 6-8 pounds. This is the best choice for supplementing groceries for a family. Family bags are labeled with a sticker if they contain a nut item.

Kid Bag- Assortment of individual serving items that are kid friendly, ready to eat, easy to open foods such as 2 fruit cups, 2 milks, 2 nut free snacks, 2 individual cereals and 2 cans of proteins. Items vary. Weighs 4 pounds. This is the best choice for supplemental food for one child. Kid bags are always nut free and can be customized for all allergy needs

When your child brings the food home, please inspect it to make sure that none of the food items have leaked or spoiled. For the kid bags, if you have listed allergies below we will review the labels so that we try to send food that is safe for your child. IT IS VERY IMPORTANT that you check the food for allergy concerns.

1. What type of Food Bag do you prefer? (choose one)
_____ FAMILY BAG _____ KID BAG

2. NUMBER OF PERSONS IN YOUR HOUSEHOLD (include all adults and children currently in household)
:_____ (# of children) _____ (# of adults)

3. *IS YOUR CHILD OR ANYONE IN THE HOME ALLERGIC TO PEANUTS?
_____ YES _____ NO

4. **KID BAGS ONLY**: DOES YOUR CHILD HAVE ALLERGIES OR DIETARY RESTRICTIONS (LACTOSE INTOLERANT/DIABETIC)? **This does not include likes/dislikes or preferences. Family bags are not able to accommodate allergy requests other than nuts.
_____ YES _____ NO

If yes, please explain and list allergies:_____

Parent/Guardian Signature:_____ Date:_____