

# BackPack Program 2020-2021

Dear Parents/Guardians,

St. Ansgar Community School District is partnering with the Northeast Iowa Food Bank to provide the BackPack Program to students during the 2020-2021 school year. The program begins in September and will continue throughout the school year.

**The BackPack Program is a free program that provides kid-friendly, non-perishable food for students most in need to eat over weekends and breaks when school meals are not available and there may be little or no food to eat. Please carefully consider your family's economic status and determine if this program is something needed by your child(ren). If the BackPack Program is something your family depends upon, please complete the attached registration form. If you are able to make do without this assistance, please allow this program to be used by others.**

Items distributed in the BackPacks include cereal, peanut butter, juice, fruit cups, pop-top meals, soup, and granola bars. The food will be distributed to your child at the end of the school day on Friday. **Please explain to your child that the food must not be eaten or opened until they are home.** If this happens, your child may lose the privilege of participating in the program.

Parents and guardians concerned with food allergies need to be aware that BackPack Program items may include ingredients such as nuts, soy, wheat, eggs and milk. The Northeast Iowa Food Bank and St. Ansgar Community Schools will not assume any liability for adverse reactions to food consumed.

The Northeast Iowa Food Bank strives to include healthy and safe food. All food is labeled and sealed by the manufacturer. **While some products might be past the marked best-by date, we have worked with the manufacturer to ensure they are still safe to consume.** If you open an item and notice a problem, please contact the Northeast Iowa Food Bank immediately.

Sincerely,

Shannon Bass  
Partner Capacity Manager  
Northeast Iowa Food Bank  
319-235-0507 ext. 126

Mr. Scott Cakerice  
Elementary Principal  
St. Ansgar CSD  
641-713-2331



The BackPack Program is a program of the Northeast Iowa Food Bank  
1605 Lafayette Street  
P.O. Box 2397  
Waterloo, IA 50704  
(319) 235-0507  
[www.northeastiowafoodbank.org](http://www.northeastiowafoodbank.org)

## BackPack Program 2020-2021 Registration Form

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

School your child(ren) attend: \_\_\_\_\_

**Please list children participating in the program.**

Name	Grade	Teacher	Any Food Allergies?

By signing this form, I agree to allow my child(ren) to participate in the BackPack Program of the Northeast Iowa Food Bank and St. Ansgar Community School District.

I understand that for children with food allergies, BackPack Program items may contain ingredients such as nuts, soy, wheat, eggs and milk. Parents/guardians concerned with food allergies need to be aware of this risk. The Northeast Iowa Food Bank and St. Ansgar Community School District do not assume any liability for adverse reactions to food consumed.

The Northeast Iowa Food Bank strives to include healthy and safe food. **While some products might be past the marked best-by date, we have worked with the manufacturer to ensure they are still safe to consume.** If you open a package and notice a problem, please contact the Northeast Iowa Food Bank immediately.

To promote and expand the BackPack Program, the Northeast Iowa Food Bank and St. Ansgar Community Schools may wish to use images (but no names) of children who are participating in the BackPack Program in materials that may include (but are not limited to) brochures, newsletters, and the Northeast Iowa Food Bank web site.

- I grant permission to use images of my child(ren). I understand that my child's name and personal information will not be used in conjunction with any images.
- I deny permission to use images of my child(ren).

By signing this form I agree to assume any and all risks associated with my child(ren) participation in the BackPack Program including any adverse reaction my child may have to foods consumed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date