

BACKPACK REGISTRATION FORM



Distribution Site: _____ Academic Year: 2016- 2017

Student's Name: _____

Student's Age: _____ Student's Grade: _____

Address: _____

Phone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

In case of emergency, please contact...

Name: _____ Relationship to Student: _____

Phone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Address: _____

By signing this form, I agree to allow my child to participate in Backpack, a program of the Central Pennsylvania Food Bank and the host site. I understand that, for children with food allergies, Backpack items may contain possible allergen-containing ingredients. Parents and guardians concerned about food allergies need to be aware of this risk. The Central Pennsylvania Food Bank and host site will not assume any liability for adverse reactions to food consumed. By signing this form, I agree to assume any and all risks associated with my child's participation in the Backpack Program, including any adverse reaction my child may have to food consumed.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

I grant or deny permission to the Central Pennsylvania Food Bank and the host site to use the image of my child. If permission is granted, photographs, images and/or video taken of my child may be used in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos and digital images such as those on the Central Pennsylvania Food Bank's website. The child's last name and personal information will not be used in conjunction with any video or digital images.

- ☐ I deny permission to use my child's image
☐ I grant permission to use my child's image

ADDITIONAL RESOURCE: SNAP (FOOD STAMP) BENEFITS

SNAP, the Supplemental Nutrition Assistance Program, is the program formerly known as Food Stamps. It is a federal nutrition program that helps low-income individuals and families stretch their food budget and buy healthy food.

SNAP benefits can be used to purchase food at grocery stores, convenience stores and some farmers' markets and co-op food programs. Eligible households are provided SNAP benefits each month through an ACCESS card known as an Electronic Benefits Transfer (EBT), which works like a debit card.

- ☐ Yes, I would like to have a SNAP outreach representative contact me to discuss my family's eligibility.
☐ No thank you, I am either already receiving SNAP benefits or am not interested in being contacted.

Assigned Backpack Number: _____ Date Received: _____