**Parent Opt—In Letter**

Dear Parent,

**Backpacks for Berrien** is available at Berrien Springs High School. The program is designed to provide non-perishable food every Friday to children that would benefit from supplemental nourishment over the weekend. Bags will be dispensed in a discreet and caring manner. This program runs throughout the school year. There is no cost associated with this program. If you wish for your child to participate in the program, please sign below and return the letter to the school.

Thank you!

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Printed name

Signature

*I want my child to participate in the Backpacks for Berrien program.*

**Please circle any dietary needs of the child:**

Vegetarian No pork/shrimp Diabetic Allergy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Prior to consuming any food, check the ingredients on the label. \*\*\*

**Please list any other school-age children that live with you:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact the guidance office at 269-473-0731.

For additional information regarding this program, please visit the **Backpacks for** **Berrien** website at [www.backpacks4berrien.org](http://www.backpacks4berrien.org) and its Facebook and Instagram pages.