



# Backpack Attack

*Made possible with the collaboration of the BBE Area Food Shelf and generous local donations!*

BBE is proud to offer the Backpack Attack program again this year! Backpack Attack provides a supply of nutritious meals and snacks for children on weekends, free of charge. All families are eligible to participate in this program but with limited funding available, meals will be sent home on a first come, first serve basis. Once your child is signed up, they will receive a bag of food in their backpack each Friday (or the last school day of the week) starting September 15 until the end of the school year.

If you believe your child could benefit from the Backpack Attack program, please fill out the back of this form and return it to the office. **Only one form is needed for all the children in your family but please include individual information for each child on the form.** *This information is kept confidential with the Backpack Attack program administrators and your child's teacher.*

We encourage you to take advantage of this program for your family and your children. **Please return this form by Friday, Sept. 8 if your family chooses to participate.** If you have additional questions or concerns, please contact Holli Bromenshenkel at 320-254-8211 Ext . 1218 or [hbromenshenkel@bbejaguars.org](mailto:hbromenshenkel@bbejaguars.org)

I want my child to participate in Back Pack Attack.

*(Please fill out the form on the back of this paper and return by Sept. 8)*

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**\*\*\*If you would like to help by providing a personal donation, please return your donation to the Elementary office in an envelope labeled "Back Pack Attack" or mail to the BBE Food Shelf, PO Box 136, Brooten, MN 56316 to the attention "Backpack Attack."\*\*\***

## Backpack Attack Consent Form



Please sign my child(ren) up for the Backpack Attack program. I understand my child(ren) will soon start receiving a bag of food at the end of each week for his/her use over the weekend.

**I will check my child's backpack every Friday to ensure the food was brought home.**

**Please print clearly.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

*(Please attach additional information if more lines are needed.)*

Comments or concerns:

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**Administrative Use**

Date Received:

Received By: