**\*PARENT PICK UP ONLY ON THURSDAYS 9AM-12PM\***

  

 “Rock Solid Support”

**For students in Grades K – 12**

**Backpack Buddies Application Form**

**SUMMER 2025**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M** [ ]  **F**[ ]  **Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone:** **Grade: Age:** **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Allergies:**  **Medical Issues pertaining to food**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In an emergency please contact:**

**Name:** **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* By signing this form, I agree to allow my child to participate in the Backpack Buddies Program sponsored by Slater Family Network and community grants/donations.

Do you utilize local food banks? **Yes** [ ]  **No** [ ]

Would you like information about local food banks? **Yes** [ ]  **No** [ ]

*Information about your participation in the Backpack Buddies Program is confidential.*

*The above information will be kept on file by Slater Family Network in the event that a responsible adult must be contacted about food or products distributed through the program.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**PLEASE RETURN VIA EMAIL TO** **RubelGa@bangorsd.org** **.**

**You will be notified of the start date.**