



Luke's Backpack

A program of Shenandoah Valley Local Ministries

PO Box 132
Toms Brook, VA 22660
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nancy@svlm.org

LUKE'S BACKPACK SUMMER FOOD PROGRAM

All children under 18 years of age are invited to participate in the Luke's Backpack Summer Program. This program provides a box of food weekly that includes breakfast and lunch items at **no cost to you**. Luke's Backpack provides the food boxes on a weekly basis to various pick-up sites throughout the county. Your household is responsible for picking up the boxes each week from a site you select. To register children in your household, please **fill out this enrollment form and email it to nancy@svlm.org**. This summer program will run from **Tuesday, May 27 – Friday, August 8, 2025**.

Child's Full Name	Age (< 18)

Weekly Pick-Up Location and Time (please select ONE):

<input type="checkbox"/> St. Jacob Lutheran Church	15226 Senedo Rd, Edinburg	Saturday: 9:30am – 10:30am
<input type="checkbox"/> Zion Lutheran Church	321 Headquarters Rd, Edinburg	Wednesday: 6pm – 7:30pm
<input type="checkbox"/> Edinburg Christian Church	210 Center St, Edinburg	1 st & 2 nd Thursdays: 9-11am or 5-7pm Other Thursdays 5-6pm
<input type="checkbox"/> Emanuel Lutheran Church	127 E High St, Woodstock	M-F: 9am – noon (or by appointment)
<input type="checkbox"/> Mt. Zion Lutheran Church	3055 Fairview Road, Woodstock	Thursdays: 4-6pm

NOTE: We cannot guarantee that all food will be allergen-free for your child. Please take the necessary precautions to ensure your child's safety from foods to which they may have allergies. Luke's Backpack strives to provide healthy and safe food. If you open a package and notice a problem, please contact Luke's Backpack immediately.

I agree to assume all risks associated with my child's/children's participation in Luke's Backpack Summer Program, including any adverse reaction my child may have to foods consumed. I have filled out the form above accurately and to the best of my knowledge. **I understand that if my child's box is not picked up for two weeks in a row, unless other accommodations are in place, my child will be discontinued from the program.** I understand this is a free program and that my child's enrollment may be discontinued at any time. I may also withdraw my child from the program at my own discretion at any time.

Printed Name of Parent/Guardian:	Phone Number:
Contact Person's Email Address:	
Parent/Guardian Signature:	Date:

SVLM is an equal opportunity provider.

Please return this form to SVLM (nancy@svlm.org)

Revised 5/1/25