



Luke's Backpack

A program of Shenandoah Valley Local Ministries

PO Box 132
Toms Brook, VA 22660
540-753-0601 | www.svlm.org

Your child is invited to participate in the Luke's Backpack program, which is a partnership between Shenandoah County Public Schools (SCPS) and Luke's Backpack to provide meals and snacks for your child over the weekend. **This is a confidential, free program with no cost to you.**

Luke's Backpack volunteers pack the food (for example, canned meals, macaroni and cheese, peanut butter, cereal, fruit juice, shelf-stable milk, fruit cups, granola bars) and deliver it to the school. On Fridays, the school will give the bag to your child to take home for the weekend. Luke's Backpack strives to include healthy and safe food. All food is labeled and sealed by the manufacturer.

The program continues throughout the school year unless you choose to end your child's enrollment. To enroll your child in the program, please **fill out this enrollment form and return it to the school.** Thank you for your participation with us so all our children are prepared to be attentive learners!

Luke's Backpack Student Enrollment Form

Child's Full Name	Please describe any food allergies	Grade	School
List below other children you would like to enroll in the program:			

Number of people in household: _____ Number under 18: _____

NOTE: We will do our best to accommodate food allergies; however, 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, 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 bag 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:
Parent/Guardian Signature:	Date:

These materials and the activity described herein are not sponsored by the Shenandoah County School Board

Please return this form to the school

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