



Backpacks for Friday Enrollment Form

 Child's name

 Age

 Teacher

 Grade

_____ **Yes, please enroll my child in the Backpacks for Friday program**

Do you have any other children in the household? _____ Yes _____ No

If yes, please state their names ages: _____

Does your child or anyone in the home have a food allergy? _____ Yes _____ No

If yes, please specify: _____

_____ **No, please do not enroll my child in the Backpacks for Friday program**

Would you like to share your reasons? _____

 Parent/Guardian (please print)

 Signature of parent/guardian

 Date