

September 6, 2016

Greetings Parents and Families:

I am pleased to inform you that Elba Central School is again partnering with the United Way by participating in the School Backpack Program. The Backpack Program is designed to assure that each child has the benefit of a nutritious diet over the weekend. We believe in supporting families and helping children to thrive especially in these difficult times.



If your child is a participant in this program, he or she would come to the nurse's office toward the end of the day on Fridays and receive a small bag of food that is placed in his or her backpack. This would occur in the most respectful and discrete manner. Your child will not be singled out as other children will not be aware of their participation. Food items will be sent home on weeks that school is in session the full week. Food items will be nutritious and easy to prepare.

There is no charge to the family or the District for this program. United Way receives funding and donations to support this program with the hope it will assist and strengthen our families. We would like to thank the volunteers of our community and the United Way for making this program possible.

If you have interest in participating in this program, please complete the permission form on the back of this letter and have your child return it to his or her homeroom teacher who will forward it to our school nurse, Jennifer Manley by Friday, September 16. Mrs. Manley may be contacted for any questions or suggestions regarding this program at 757-9967 extension 1240.

Very sincerely,

A handwritten signature in black ink that reads "Keith D. Palmer". The signature is written in a cursive, flowing style.

Keith Palmer
Superintendent
Elba Central School

Parents: Please fill out for each child in your family you would like to participate.

1. Name of Child: _____ Age: _____

Teacher: _____ Grade: _____

Please list any food allergies your child has:

2. Name of Child: _____ Age: _____

Teacher: _____ Grade: _____

Please list any food allergies your child has:

3. Name of Child: _____ Age: _____

Teacher: _____ Grade: _____

Please list any food allergies your child has:

4. Name of Child: _____ Age: _____

Teacher: _____ Grade: _____

Please list any food allergies your child has:

Yes, please enroll my child in the Backpack Program!

Signature

Date

Please contact school nurse Jennifer Manley if you have other children under 18 who are at home, you would like to be involved with this program. She can be reached at 757-9967 extension 1240.

