

Thomas Scott  
School Counselor  
Coolidge Elementary  
6225 1st Avenue SW  
Cedar Rapids, IA 52405

Dear Guardian,

The Backpack Program is a partnership between Coolidge Elementary and the HACAP Food Reservoir. The program helps families by providing qualifying children with a food pack of non-perishable items for weekends. **This program is entirely free of charge. If you'd like your child to receive extra food for the weekend, please fill out the Program Registration Form on the opposite side of this paper. When it is filled out, please have your child return the form to the Main Office.**

Food items may include pop-top canned meals, macaroni and cheese, peanut butter, cereal, fruit juice, shelf-stable milk, fruit, and granola bars. The food will be placed into a food bag that will be discretely put into students' backpacks at the end of the day on Friday. The food is not intended to be opened until your child arrives at home.

Parents and guardians concerned with food allergies need to be aware that the Backpack Program items may include ingredients such as nuts, soy, wheat, eggs, and milk. *The HACAP Food Reservoir, Backpack Program, and Coolidge Elementary will not assume liability for any adverse reactions to food consumed.*

The HACAP Food Reservoir and the Backpack Program strive to provide healthy, safe, and kid-friendly food to families in need. Each food item is labeled and sealed by the manufacturer. In the unlikely event that products are past the marked expiration date, please rest assured that we will be committed to working with manufacturers to ensure that it is safe to consume. If you open a package and notice a problem, please contact me right away.

If you have any questions, you may contact either myself or Jacquie Montoya at the following:

Thomas Scott  
319-558-1607  
[thscott@crschools.us](mailto:thscott@crschools.us)

Jackquie Montoya  
Phone Number: (319) 393-7811  
Cell: (319) 249-4607



# 2020-2021 Backpack Program Parent Registration Form

Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Participating School: \_\_\_\_\_ Total # in Household \_\_\_\_\_

Name:	Grade:	Teacher:	Student Date of Birth:	Ethnicity: (Please Circle)	Race:	<b>RACE</b> C = White B = Black/ African American AS = Asian I = American Indian/Alaskan Native N = Native Hawaiian/Pacific Islander MR = Multi-racial O = Other U = Unknown/ Not Reported
				Hispanic Not Hispanic		
				Hispanic Not Hispanic		
				Hispanic Not Hispanic		
				Hispanic Not Hispanic		

By signing this form, I agree to allow my child/children to participate in the Backpack Program of the HACAP Food Reservoir and participating school. I understand that the Backpack Program is a part of Hawkeye Area Community Action Program.

I understand that the Backpack items may include allergen-containing ingredients. Parents/guardians concerned with food allergies need to be aware of this risk. The HACAP Food Reservoir, Feeding America, Backpack Program, and participating school will not assume any liability for adverse reactions to food provided.

By signing this form I agree to assume any and all risks associated with my child's/children's participation in the Backpack Program including any adverse reaction my child may have to foods consumed.

To promote and expand the Backpack Program, the HACAP Food Reservoir, Feeding America and participating school may wish to use images, photographs, or video of children who are participating in the Backpack Program in materials that may include (but are not limited to) brochures, newsletters, social media and the HACAP Food Reservoir web site.

Please complete:

- I deny permission to use images of my child/children.
- I grant permission to use images of my child/children. I understand that my child's name and personal information will not be used in conjunction with any images or video.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_