



C-FC Backpack Meal Program Sign Up Form

If you would like your child to participate in the Backpack Meal Program, please fill out the form below. As your financial situation changes, you may sign up or withdraw from the program at any time. If the number of applicants exceeds the number of available meals, priority consideration will be given to elementary age children, with the youngest grades being given the highest priority. See www.cfcbackpackmeals.com for more information about the program.

I would like my child(ren) to receive food assistance through the C-FC Backpack Meal Program and give my child(ren) permission to participate:

Parent's Name _____ Signature _____

Address _____

City, State, Zip Code _____

Phone Number _____ E-mail Address _____

Bus Driver _____ Route Number _____

Child's Name, Teacher and Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergies) _____

Child's Name, Teacher and Grade: _____

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Please return this form to Gretchen Pederson, C-FC Schools, S2770 State Highway 35, Fountain City, WI 54629 or place it in a sealed envelope labeled "C-FC Backpack Lunch Program – Gretchen Pederson" and send it with your child to school by September 7th. Classroom teachers will collect the envelope and give it to Gretchen Pederson, School Counselor.