Application Form

Name _____ Age _____

Grade: _____

Within the past 12 months, did you worry that the food you had would run out before you had money to buy more?

Yes No Sometimes

Within the past 12 months, did you feel the food you bought just did not last and you did not have enough money to get more?

Yes No Sometimes

Please list any food allergies that your child has:

_____

_____

Please list other children in the house between the ages of 5 and 18 years.

Name	Age/ Grade
_____	_____
_____	_____
_____	_____
_____	_____

_____ Yes, please consider enrolling my child in the Weekend Backpack Program!

Signature _____* Date _____

**DISCLAIMER: BY ENROLLING MY CHILD IN THE WEEKEND BACKPACK PROGRAM, I UNDERSTAND THAT THE BEDFORD AREA SCHOOL DISTRICT IS NOT LIABLE FOR ANY ILLNESS, ALLERGIC REACTIONS, OR ACCIDENTS RELATED TO PREPARATION AND/OR CONSUMPTION OF FOODS FROM THE WEEKEND BACKPACK PROGRAM. I UNDERSTAND THAT, AS THE PARENT, I AM STILL ULTIMATELY RESPONSIBLE FOR THE SAFETY AND HEALTH OF MY CHILD. I UNDERSTAND THAT THIS PROGRAM IS DEPENDENT ON DONATIONS AND WILL BE IMPLEMENTED ON A YEARLY BASIS.*

Questions or Comments:_____

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