**BACKPACKS FOR KIDS Food Program**

is a North Lincoln County **501 (c)3 Non-profit Organization** that provides Youth with FREE food

**and is part of, “Business For Excellence In Youth”**

PO Box 843, Neotsu OR 97364

If you believe your child could benefit from this program, You **NEED TO ENROLL** by filling the form out below and emailing it to the Food Program Coordinator, Pat Robertson at [**pat.bfey@gmail.com**](mailto:pat.bfey@gmail.com). Or mail the form to **PO Box 843, Neotsu OR 97364**.

***CONSENT ENROLLMENT FORM***

Please enroll my child (children) in the ***Backpacks For Kids Food Program***. I understand my family will receive one box of food the third Friday of each month while not in school.

**Only one form per household**, available only to the students in household, and to parent who signs up for the program.

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***Signature of parent authorized to pick up food Parent’s Phone Number***

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**Parent’s First Name Parent’s Last Name**  **Parent’s EMAIL address**

**Please include first and last name, and grade for each student in the space below:**

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Student’s First Name Student’s Last Name Student’s Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s First Name Student’s Last Name Student’s Grade

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Student’s First Name Student’s Last Name Student’s Grade

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Student’s First Name Student’s Last Name Student’s Grade

**For pickup LOCATION and TIME, or for more information, contact LeeAnn Gabler 541-921-3242**