

August 30, 2019;

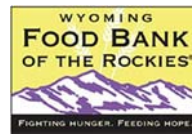
Dear Platte Co School District #1 Parents:

Your family is invited to participate in the PCSD#1 "Food for Weekends" Program. It is an effort of the Platte County Ministerial Association and UW Extension Cent\$ible Nutrition and Food Bank of the Rockies to address nutritional needs of children on weekends during the school year. PCSD#1 School students may participate in the program with parental permission. A limited number of backpacks will be distributed, as the funding for this program is dependent on grants and donations. Priority will be given to families receiving free or reduced meals. Food will be provided for the children enrolled at the PCSD#1 Schools.



The idea of the program is to have the student pick up a typical school backpack after school on Thursdays (or the last day of school before a vacation), containing non-perishable food items, which are in an easy to prepare or ready to eat form. The student returns the backpack the next school day, and then the backpacks are ready to pick up again on Thursday, or prior to school breaks. Each family in the program receives one backpack per family each week. Please help your child remember to pick up the backpacks on Thursdays and return by the following Monday.

All families interested in applying, including those who were enrolled in the program in 2018-2019, must complete the application below and return it to the school office. Please call your student's Principal or Superintendent Steve Miller at 307-322-3175 if you have questions.



Please detach and return signed form to one of PCSD#1 offices.

We are interested in participating in the PCSD#1 Backpack Food for Weekends program during the 2019-2020 school year. We understand that at this time we may be placed on a waiting list for this program and that each family in the program will get one backpack per week. Only one application per family is required.

PCSD#1 Family Name: _____ Phone Number: _____

Mailing Address: _____

Student responsible for picking up backpack _____

As a parent of _____ I authorize PCSD#1 to allow my child's name to be released to the PCSD#1 Backpack Food for Weekends Program. (Please list children enrolled in PCSD#1)

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

Please indicate where you would like your child to pick up their backpack.

- Libbey
- West
- Wheatland Middle School
- Wheatland High School
- Chugwater
- Glendo

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....."Rgcug'wug'Cf qdg'Cet qdcv'Tgcf gt 'vq'E qo r rvgv'Cr r dec vkpp'"