



Dear Diehl Elementary Family,

Your child has been invited to participate in the Second Harvest Food Bank of NW PA **BackPack Program**. This program is provided, free of charge, due to the partnership between Diehl Elementary and Second Harvest Food Bank of NW PA.

The program, which is being offered at your child's school, is dedicated to improving the lives of children in northwest Pennsylvania. Each Friday your child will receive a free bag of nutritious, non-perishable food to be eaten over the weekend. The food will be given to your child at the end of the day on Friday and before school breaks, and it is not intended to be opened until your child is home.

To enroll your child in the program, please complete the Permission Form (back side of this letter) and return it to your child's teacher by **Friday, September 13.**

Sincerely,

Alexa Hannold

Second Harvest Food Bank of NW PA
Child Feeding Coordinator

*Please Note: Food donations that are received from manufacturers and distributors may be near or past their "use by", "best if used by" or "quality assurance" dates. These dates refer to the last date that the product is likely to be at peak flavor and quality. They do not mean the food is unsafe after that date. Generally, these items may still be of acceptable quality up to 18 months from this date. The SHFB staff goes to great measures to ensure that all food distributed is safe to consume. If there is ever a question about the safety of an item please contact SHFB as soon as possible.

BackPack Program Permission Form

Child's Name _____ Age _____

Teacher _____ Grade _____

Yes, please enroll my child in the Backpack Program at Diehl Elementary

Does your child have siblings attending Diehl Elementary that you wish to enroll? Yes No
If so, please list the students, grade, and teacher

*Please note, food items may contain ingredients such as nuts, soy, wheat, eggs, and milk. Each item will display a nutrition and ingredient label. Second Harvest Food Bank, our Partner Organization, and the school will not assume any liability for adverse reactions to foods consumed.

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Parent/guardian or Guardian Signature

Date _____

Please return to your child's teacher by: **Friday, September 13, 2024**