

**Please print this form, fill it out and return it to the Northlake School Office**  
**BACKPACK BUDDIES PROGRAM ENROLLMENT FORM**

STUDENT'S NAME: \_\_\_\_\_ AGE/GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE THERE OTHER CHILDREN IN HOUSEHOLD, IF SO, HOW MANY?: \_\_\_\_\_

PLEASE LIST NAMES, AGES, GRADE OF OTHER CHILDREN: \_\_\_\_\_  
\_\_\_\_\_

DOES STUDENT QUALIFY FOR FREE/REDUCED LUNCH PROGRAM?: \_\_\_\_\_

DOES STUDENT HAVE ACCESS TO A MICROWAVE?: \_\_\_\_\_

PLEASE LIST ANY KNOWN ALLERGIES/SENSITIVITIES TO FOOD/BEVERAGE:  
(PLEASE NOTE FOR EACH CHILD)

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

I, parent/guardian for \_\_\_\_\_, give permission for him/her to participate in the Back Pack Buddies Program. I understand the intention is to provide nourishment on weekends and holidays when school is not in session and my child/children do not have access to the free/reduced lunch program. I understand that this information will remain confidential. I will not hold the Northlake Elementary School and/or the Northlake PTO responsible in any way.

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE