



Feeding Krum Kids

Dear Parent/Guardian

Krum ISD is teaming up with Christian Center Assembly of God to offer nutritious meals and snacks to children free of charge. The program is called *Feeding Krum Kids*, and will begin the third week of school (September 4th). Every Friday, each child participating in the program will receive a bag of groceries in their backpack filled with food and snacks that he or she can fix with minimal or no help.

Students will **not** be identified as participating in this program. They will discreetly be given the food each Friday before leaving school.

If you believe your family could benefit from this program, we encourage you to sign up by filling out the attached form and return it to your child's school. Only one form is needed for your family, but please include information for each of your children on the form. Feeding Krum Kids is offered for all of the KISD campuses.

If at any time you no longer wish for your children to participate in the program, just contact your child's school.

For questions or concerns, please contact your child's school:

Krum Early Education Center: 940-482-2605

Hattie Dyer Elementary: 940-482- 2604

Blanche Dodd Elementary: 940-482- 2603

Krum Middle School: 940-482- 2602

Krum High School: 940-482-2601

See Back Page

Feeding Krum Kids

Please sign up my child for the Feeding Krum Kids program. I understand my child will soon start receiving a bag of food at the end of each week for his/her use over the weekend. I also understand that if at any time I no longer want my child to participate in the program, I can notify their school.

Parent/Guardian Signature

Date

PLEASE PRINT CLEARLY

Child's Name: _____

Teacher: _____

Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergy)

Child's Name: _____

Teacher: _____

Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergy)

Child's Name: _____

Teacher: _____

Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergy)

Child's Name: _____

Teacher: _____

Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergy)

Child's Name: _____

Teacher: _____

Grade: _____

Special dietary needs, if any (e.g., diabetic, food allergy)

If you need additional space, please attach a separate sheet of paper with names and information.