WEEKEND BACKPACK PROGRAM

"**Wee Care Group"** is teaming up with the Shawano School District to offer a supply of nutritious meals and snacks for children over their weekend, free of charge. Bags are distributed at their school on the last school day before the weekend. **Any child enrolled and accepted in the "Wee Care Group" is able to receive these weekly bags of food.** If you believe your family could benefit from this program, we encourage you to **sign them up by filling the form out below and returning it to your child's School Social Worker.** Only one form is needed for all the children in your family, but include information for each child on the form below. This information is kept confidential between "**Wee Care Group"** and the **Shawano School District**. Once your child is signed up, they may be considered to receive bags of food each week. **We encourage you to take advantage of this program for your family and your children.** If you have questions or concerns, please contact your school's Social Worker.

"WEE CARE GROUP" APPLICATION FORM

Please sign my child(ren) up for the **"Wee Care Group".** I understand my child(ren) may be selected to participate in the Weekend Backpack Program.
PLEASE PRINT CLEARLY.

Child's Name, Grade, and School:
_____

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

Child's Name, Grade, and School:
_____

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

Child's Name, Grade, and School:
_____

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

Child's Name, Grade, and School:
_____

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

Child's Name, Grade, and School:
_____

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

**** Do you receive free and reduced lunch? YES NO**

Parent/Guardian: _____

Address:_____

Telephone Number:_____
NOTE: Completion of the application does not guarantee benefits.