

Hello Parents and Guardians,

We are excited to once again offer the NutriPacks Program to all elementary aged students in the Central Dauphin School District. We fill a backpack full of nutritional food each week for each student enrolled in the program. The contents are different each week and may include: cereal, juice, pasta, granola bars, tuna, or soup. Each week you will also be offered fresh fruits/vegetables at the school when you pick up. This year you will also have the option to choose a vegetarian backpack that will not include any meats. Look for recipes and special announcements in the bags each week.

Please fill out the registration form (even if you have been in NutriPacks in the past) and return it to your child's school as soon as possible. You will receive a welcome letter once we have received your registration which will contain your NutriPacks numbers and instructions for pick-up. **The first**NutriPacks pick up will begin the week of October 3<sup>rd</sup> and will continue weekly until June 2017.

## New this year:

- We are excited to announce our Facebook page with our new name, NutriPacks! Add
  us as a friend (CDSD NutriPacks) and be sure to check for up-to-date information
  about any events, announcements, or cancellations. If you were already a friend of
  CDSD NutriPacks, you will notice our name change to CDSD NutriPacks.
- We will also have our very own web page! <a href="www.cdsdnutripacks.com">www.cdsdnutripacks.com</a>. Check it out for updates, information, newsletters, recipes and games for the kids.

Thank you for giving us the opportunity to serve your family. If at any time you have questions, please email <a href="mailto:asnyder@cdschools.org">asnyder@cdschools.org</a> or call Amy Snyder at (717)343-1729. Sincerely,

Amy Snyder

\*\*\*If at any time you do not wish to participate, please let us know so another family can be served.



## Linglestown Elementary School NutriPacks Registration Form 2016 - 2017 School Year

Student's Name:	Grade		_ Age	
Student's Name:	Grade		Age	
Student's Name:	Grade		Age	
Student's Name:	Grade		Age	
Would you prefer a Vegetaria	an-filled backpack?	□ YES		)
Parent/Guardian Contact Inf	ormation:			
Name:				
Address:				
Phone:	Email Address			
☐ I would be interested in pi School (Wednesday evenings		oack at Cen	tral Dauphin Midd	le
By signing this form I agree to allow my Food Bank, Central Dauphin School District food allergies, NutriPacks items may conconcerned with food allergies need to be School District or the Panther Ram Foun By signing this form I agree to assume a Program including any adverse reaction	rict and the Panther Ram Foundation tain possible allergen-containing ir a aware of this risk. The Central Pendation will not assume any liability any and all risks associated with my	on. I understan ngredients. Paro nnsylvania Food for adverse rea / child's particip	d that, for children with ents and guardians I Bank, Central Dauphin ctions to foods consumed	i.
Parent/Guardian's Signature			Date	-
CENTRAL PENNSYIVANIA FOOD BANK No One Should Be Hunary	Assigned backpack # j			
S. I. S. I. S. I. S. I. Willy J	Date received			