



2017-2018 School Year Registration Form

Student's Name: _____ Grade _____ Age _____

Student's Name: _____ Grade _____ Age _____

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Parent/Guardian Contact Information:

Name: _____

Address: _____

Phone: _____ **Email Address** _____

I would be interested in picking up my child's backpack at East Pennsboro Elementary School (Thursday evenings from 4:30 PM-6:30 PM).

I would be interested in picking up my child's backpack at West Creek Hills Elementary School (Thursday evenings from 4:30 PM-6:30 PM).

I am interested in this program, but I am not able to pick up my child's backpack on Thursday evenings from 4:30 PM-6:00PM.

By signing this form I agree to allow my child to participate in PantherPack, a program of the Central Pennsylvania Food Bank, East Pennsboro Area School District and the East Pennsboro Education Foundation. I understand that, for children with food allergies, PantherPack items may contain possible allergen-containing ingredients. Parents and guardians concerned with food allergies need to be aware of this risk. The Central Pennsylvania Food Bank, East Pennsboro Area School District or the East Pennsboro Education Foundation will not assume any liability for adverse reactions to foods consumed. By signing this form I agree to assume any and all risks associated with my child's participation in the PantherPack Program including any adverse reaction my child may have to foods consumed.

YOU MUST INCLUDE YOUR FREE/REDUCED LUNCH LETTER APPROVAL FROM SCHOOL DISTRICT TO PARTICIPATE IN THIS PROGRAM.

 Parent/Guardian's Signature

 Date

If all paperwork is submitted, you will receive a confirmation letter to participate in the program.



Assigned backpack # _____
 Date received _____