BackPack Program 2026-2027
Parent/Guardian Registration Form

Dear Parents/Guardians,

_____ is partnering with the Northeast Iowa Food Bank to offer the BackPack Program for students during the 2026-2027 school year. The program begins in September and will continue throughout the school year.

The BackPack Program is a program that provides kid-friendly, non-perishable food for students at no cost. If your child would benefit from this program, please complete the attached registration form and return to school. BackPack food bags may include items such as cereal, granola bars, beef sticks, juice, raisins, yogurt, and pop-top meals.

Food will be distributed to your child at the end of the school day on Fridays. Please remind your child(ren) that the food is to be taken home and should not be opened or eaten at school or on the bus.
Failure to follow this expectation may result in removal from the program.

Sincerely,

Bri Sassaman
Children's Programs Manager
Northeast Iowa Food Bank
319-304-9171
bsassaman@neifb.org

Parent/Guardian Name: _____

Address: _____ Phone: _____

School your child(ren) attend: _____

Please list children participating in the program.

Name	Grade	Teacher	Any food allergies?

The BackPack program is a program of the Northeast Iowa Food Bank
1605 Lafayette Street
Waterloo, IA 50703
(319) 235-0507
www.neifb.org

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By signing this form, I agree to allow my child(ren) to participate in the BackPack Program of the Northeast Iowa Food Bank and _____.

I understand that for children with food allergies, BackPack Program items may contain ingredients such as nuts, soy, wheat, eggs, and milk. Parents/guardians concerned with food allergies need to be aware of this risk. The Northeast Iowa Food Bank and _____ do not assume any liability for adverse reactions to food consumed.

The Northeast Iowa Food Bank strives to include healthy and safe food.
While some products might be past the marked best-by date, we have worked with the manufacturer to ensure they are still safe to consume.
If you open a package and notice a problem, please contact the Children's Programs Department at the Northeast Iowa Food Bank immediately.

To promote and expand the BackPack Program, the Northeast Iowa Food Bank and _____ may wish to use images (*but no names*) of children who are participating in the BackPack Program in materials that may include but are not limited to flyers, newsletters, and the Northeast Iowa Food Bank web site.

☐ I grant permission to use images of my child(ren). I understand that my child's name and personal information will **not** be used in conjunction with any images.

☐ I deny permission to use images of my child(ren).

By signing this form, I agree to assume any and all risks associated with my child(ren) participation in the BackPack Program including any adverse reaction my child may have to foods consumed.

_____
Parent/Guardian Signature Date

BACKPACK PROGRAM FEEDING AMERICA NORTHEAST IOWA FOOD BANK

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