



**Chambers Hill Elementary School  
NutriPacks Registration Form  
2016-2017 School Year**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

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Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Would you prefer a Vegetarian-filled backpack?**       YES                       NO

**Parent/Guardian Contact Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

- I would be interested in picking up my child's backpack at Chambers Hill Elementary School (Thursdays or Fridays from 3:45-4:15)**
- I would be interested in picking up my child's backpack at Central Dauphin Middle School (Wednesday evenings from 6:00-7:15).**

By signing this form I agree to allow my child to participate in NutriPacks, a program of the Central Pennsylvania Food Bank, Central Dauphin School District and the Panther Ram Foundation. I understand that, for children with food allergies, NutriPacks 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, Central Dauphin School District or the Panther Ram 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 NutriPacks Program including any adverse reaction my child may have to foods consumed.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



Assigned backpack # \_\_\_\_\_  
Date received \_\_\_\_\_