



FOOD FOR FREE'S  
**CAMBRIDGE**  
 WEEKEND  
 BACKPACK  
 PROGRAM

**FREE Weekend Food For Your Child/Children Available!**

The **Cambridge Street Upper School** participates in the Cambridge Weekend Backpack Program to offer a supply of nutritious meals and snacks for children over the weekend, **free of charge if you are struggling to meet your family's food needs** and would benefit from receiving additional food. The staff will discreetly distribute weekend bags on the last school day before the weekend. Any child enrolled at the **Cambridge Street Upper School** is able to receive these weekly bags of food. The program will begin in October. If your family is selected, your child/children will receive a bag of food each week until the end of the school year or until you no longer wish to participate.

If you feel that your children would benefit from receiving additional food to **meet their nutritional needs** over the weekend, we encourage you to sign them up by filling the form out below and returning it to the front office. **Participation is limited** so please send this form back by **Friday, September 23rd** if you are interested! Only one form is needed for all the children in your family, but include information for each child in the form below. Please note if you have a child or children who attend other Cambridge Public Schools, please include that information below. This information will be kept **confidential** between you and the staff at the **Cambridge Street Upper School**. Questions or concerns? Please contact Kini Griffin, [kgriffin@cpsd.us](mailto:kgriffin@cpsd.us).

**Weekend Backpack Program Consent Form:**

Please sign my child/children up for the Weekend Food program! I understand my child/children (if selected) will soon start receiving a bag of food at the end of each week to help feed him/her over the weekend.

**PLEASE PRINT CLEARLY.**

Child's Name	Age	School and Grade (if applicable)	Special Dietary Needs (None, Kosher, Halal, Vegetarian, Nut Free, etc.)
1.			
2.			
3.			
4.			
5.			

Parent/Guardian Name \_\_\_\_\_

Telephone Number (if any) \_\_\_\_\_

Parent/Guardian Email Address (if any) \_\_\_\_\_

Are you currently living in a shelter Y / N (Please circle)

Are you currently "doubled up" Y / N (Please circle)

**\*Please return this form to the school's main office in a sealed envelope addressed to KINI GRIFFIN\***