



## “PAWS on Child Hunger” Opt-In Grades Kindergarten through 6th

(Return to building secretary)

Your child(ren) may be eligible to participate in our “PAWS on Child Hunger” program available at Wilcox Primary School, Samuel Bissell Elementary School, and George G. Dodge Intermediate School. “PAWS on Child Hunger” is a program for students who qualify to receive free or reduced lunches. The program is a collaborative effort between The Emergency Assistance Center, Twinsburg City School District, Wilcox PTA, Bissell PTA, Dodge PTA and members of our community. Thanks to our very generous sponsors, “PAWS on Child Hunger” will provide each qualifying student with a bag filled with food items on Friday of each school week. The food items are “kid-friendly” and nutritious and can be easily opened and prepared to be eaten by the child.

Before enrolling your child, however, it is necessary for you to answer the following questions. Please know that information regarding your child’s participation in “PAWS on Child Hunger” is confidential. Your child’s classroom teacher will place the bag of food items in his/her backpack on Friday prior to dismissal without the knowledge of other children in the classroom. Please consider your child’s participation in “PAWS on Child Hunger”.

If you have any questions please contact your child’s principal:

Wilcox Primary School Principal Lynn Villa – 330-486-2030

Samuel Bissell Elementary School Principal Misty Johnson – 330-486-2100

George G. Dodge Principal Reggie Holland – 330-486-2200

\_\_\_\_\_ YES, I agree to have my meal application used to determine if my child qualifies to participate in the “PAWS on Child Hunger” program. I would like my child to participate in this program and understand that they will begin to receive a bag of food items at the end of each school week during the school year beginning in September for his/her consumption over the weekend. I understand that I AM SOLELY RESPONSIBLE for checking food items and reading package labels to determine if the food is safe and appropriate for my child.

\_\_\_\_\_ NO, I do not agree to have my meal application used to determine if my child qualifies to participate in the “PAWS on Child Hunger” program.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_ Changed in InfoSnap \_\_\_\_\_