

Fulton County Nutrition Awareness Program

"Grow Eat Move" (G.E.M.)



P.O. Box 512, McConnellsburg, PA 17233 (717) 485-5688

Susan Cabbage, Manager

Dear Parent/Guardian,

The Fulton County Nutrition Awareness Program, in partnership with the Fulton County Food Basket and the Central Pennsylvania Food Bank, has coordinated a Back-Pack Program with the Central Fulton School District.

This year, the Grow Eat Move Program is open to all Forbes Road Elementary School Students (Grades k5-5th)! For now All GEM bags will be delivered to your child's Bus on Thursdays, due to COVID. The students are encouraged to join us by attending the weekly interactive lessons. Students will learn the importance of healthy snacks, food safety, portions, and physical activity. At the close of each lesson, students will be able to fill their backpacks with non-perishable foods to take home on the weekends.

The goal of the program is to help teach students the importance of a healthy lifestyle that will lead them into a successful, productive future.

If you want your child to participate in this nutrition club, please fill out the registration form and return it to his/her teacher. **If your child was registered in last year's GEM program, you must register again for the new school year.** If you have questions about this program, please contact Susan Cabbage at the Fulton County Food Basket 717-485-5688.

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Back Pack Registration Form 2020-2021 School Year

Participant's Name: _____

Gender: Boy? or Girl? (please check one)

Race: _____

Address: _____

Phone: _____

Grade: _____ Homeroom Teacher: _____ Age: _____

School District: _____ Bus # _____

In an emergency please contact-

Name: _____ Relationship: _____

Address: _____ Phone: _____

By signing this form I agree to allow my child to participate in the Back Pack program of the Central Pennsylvania Food Bank and the Fulton County Food Basket. I understand that, for children with food allergies, Back Pack 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 and the Fulton County Food Basket 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 Back Pack Program including any adverse reaction my child may have to foods consumed.

Parent/Guardian's Signature

Date

I grant or deny permission to the Central Pennsylvania Food Bank and the Fulton County Food Basket to use the image of my child. Photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Central Pennsylvania Food Bank website.

*I do understand that the child's last name and personal information will not be used in conjunction with any video or digital images.

Deny permission to use my child's image at all

Grant permission to use my child's image

Assigned backpack # _____

Date Received _____

