New Kent County Public Schools
Backpack Buddies Program

Sponsored by My Sister's Hope
(804) 286-0328
P.O. Box 52, New Kent, Virginia 23124

Dear Elementary School Families,

My Sister's Hope is a local non-profit organization that sponsors the New Kent Backpack Buddies Program for elementary school students. This program is designed for families that need food assistance over the weekend and school holidays. This program provides a backpack containing non-perishable food options that should help with your family's grocery supplies over the weekends and holidays off from school. Bags are sent home at the end of each week and must be returned the next school day.

This free program is made possible from the support of My Sister's Hope and donations from several other local organizations.

Some of the items we hope to offer in the weekly rotation include:

- cereal bars/oatmeal
- canned tuna or chicken
- peanut butter and jelly
- macaroni and cheese
- canned fruit and/or vegetables
- snack items
- pasta and sauce
- crackers
- canned soup
- canned meals
- rice/instant mashed potatoes

If you are interested in participating in this program, please complete the attached form and return it to the main office of your school. If you have any questions or need immediate assistance, please email Laura@mysistershope-va.org or reach out to your school contact listed below.

Sincerely,

Laura Richards

Laura Richards
My Sister's Hope Backpack Coordinator
Laura@mysistershope-va.org

School Contacts:

NKES - Carolyn Kelley
Email: ckelley@nkcps.k12.va.us
Phone: (804)557-3088

GWES & QES - Chrissy Carter
Email: ccarter@nkcps.k12.va.us
Phone: (804)966-9608

New Kent County Elementary Schools
Backpack Buddies Food Program

Please select which school your child attends:

- ☐ New Kent Elementary School
- ☐ George Watkins Elementary School
- ☐ Quinton Elementary School

First and Last Name of Student(s) and their Classroom Teacher's Last Name :

_____ _____

_____ _____

Parent/Guardian Name: _____

Cell Phone Number: (_____) _____ Email: _____

Name and age of **ALL** children (infant to 18 years old) living in your household:

_____

_____

Please Circle Food Allergies: Peanut/Nut Dairy Gluten Other: _____

If there is a peanut allergy, can you still use peanut butter for other members in the home? _____YES _____NO

If there is a dairy allergy, can you still use macaroni and cheese for other members in the home? _____YES _____NO

****All bags receive the same items unless there is an allergy.**
If there is something in your bag that you are unable to use, please share with a neighbor.**

Do you need a can opener to open food items? _____ YES _____NO

Do you have a microwave for heating/preparing food items? _____YES _____NO

Do you have a stove/oven for heating/preparing food items? _____YES _____NO

I acknowledge that the backpack must be returned each MONDAY (or the next school day if there is a holiday/teacher workday) to receive the next filled bag.

Parent/Guardian Signature:

_____