[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://blog.brothersallnatural.com/halloween-contest-win-disney-fruit-crisps-for-your-class/&ei=EP_tVNy1JYyKyAT834KYAg&psig=AFQjCNFyMq84u-OGXFXnwtOgHg92KLk9OQ&ust=1424969838145445) 

August 2020 **Weekend Kids Meals**

Dear Memorial Parent/Guardian,

We are happy to inform you that Memorial High School offers the Weekend Kid’s Meals Program through our Old Abes Food Pantry in partnership with Feed My People Food Bank. Weekend take home food will be packed from food available in our pantry.

* The purpose of the program is to provide food for your child during the weekend when school breakfasts and lunches are not available.
* There are no income guidelines or requirements. Anyone is welcome to participate in this program. The food is at NO COST to you or your child.
* If you choose to enroll your child, he/she will receive a plastic bag each Tuesday or Friday (depending on their assigned cohort) with enough food for breakfast and lunch for him/her for Saturday and Sunday, plus snacks and fresh fruit when available.
* ***Please be aware that peanut products are often distributed; we apologize that we cannot provide Kid’s Meals to those students who have peanut and other food allergies, and they cannot be enrolled.***
* ***Students will need to pick up the weekend meals in Student Services on Tuesdays or Fridays (depending on their assigned cohort) before leaving for the day.***

If you have any questions or concerns please feel free to contact Val Logan, the Memorial High School Partnership Coordinator at 715-852-6307. Families may sign up or discontinue this program anytime throughout the school year.

**Memorial High School’s program is expected to begin September 11th 2020**

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Child’s Name (Please Print) Grade

□ I want my child to receive food each week through Weekend Kid’s Meals and I understand that the food received **has not been screened for allergies** and I am therefore responsible for determining what my child can/cannot eat.

Your Name and Relation (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date

**very smallDrop off slips in the Student Services one week prior to pick up.**

EAU CLAIRE AREA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER