North Country Missions
Backpack Program 2026-2027
Director: Dean Woodard-Neary

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To receive a weekly food bag, your child must be eligible for free/reduced lunch during the 2026-2027 school year. Food is distributed to students via the school on Fridays. Enrollment begins within 14 days of receipt of this form.

Please print all information

Parent/Guardian Name(s): _____
Contact Telephone Number: _____
School: Colebrook __ Stewartstown __ Canaan __ Pittsburg __

Student's Name: _____ **Grade:** _____ **Food Allergies:** ___ Yes ___ No
If yes, please check all that apply: ___ Milk; ___ Milk by-products; ___ Peanuts; ___ Tree nuts
__ Other (please specify): _____
__ We prefer a vegetarian option for our family

Additional household family members 3-18 years of age:

Student's Name: _____ **Grade:** _____ **Food Allergies:** ___ Yes ___ No
If yes, please check all that apply: ___ Milk; ___ Milk by-products; ___ Peanuts; ___ Tree nuts
__ Other (please specify): _____

Student's Name: _____ **Grade:** _____ **Food Allergies:** ___ Yes ___ No
If yes, please check all that apply: ___ Milk; ___ Milk by-products; ___ Peanuts; ___ Tree nuts
__ Other (please specify): _____

Please list additional family members on a separate sheet/on back of form

LEGAL DISCLAIMER:
I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless North Country Missions from any and all claims, demands, causes of actions or other liability which may arise in any way from my activities at said organization's programs, including any such claims, demands, omissions by said organization.

I ACCEPT RESPONSIBILITY TO KNOW THAT MY CHILD IS ELIGIBLE FOR FREE/REDUCED LUNCH AND TO CHECK THE BACKPACK CONTENTS TO MAKE SURE THAT NOTHING IN THE CONTENTS CONFLICTS WITH MY CHILD'S ALLERGIES OR OTHER MEDICAL CONDITIONS.

Signature: _____ **Date:** _____