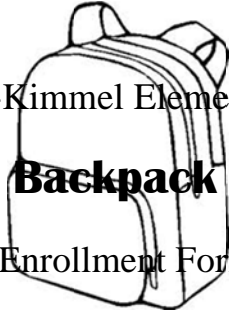


Claysburg-Kimmel Elementary School

Bulldog Backpack Program

Enrollment Form



Name _____

Age _____

Teacher _____

Grade _____

_____ **Yes, please enroll my child in the Bulldog Backpack Program!**

Signature _____ * Date _____

**DISCLAIMER: BY ENROLLING MY CHILD IN THE WEEKEND BACKPACK PROGRAM, I UNDERSTAND THAT THE CLAYSBURG-KIMMEL ELEMENTARY SCHOOL IS NOT LIABLE FOR ANY ILLNESS, ALLERGIC REACTIONS, OR ACCIDENTS RELATED TO PREPARATION AND/OR CONSUMPTION OF FOODS FROM THE BULLDOG BACKGROUND PROGRAM. I UNDERSTAND THAT, AS THE PARENT, I AM STILL ULTIMATELY RESPONSIBLE FOR THE SAFETY AND HEALTH OF MY CHILD.*

Please list any food allergies or dietary restrictions that your child has:

_____ **No, please do not enroll my child in the Bulldog Backpack Program because**

Signature _____

Date _____

Questions or Comments:
