

LSIC Emergency Food Weekend Backpack Program Registration Form

Lower Sioux Indian Community is teaming up with No Hungry Kid Foundation to offer a supply of nutritious food and snacks for children over their weekends, free of charge. Bags are distributed by LSIC Rec. Center employees and volunteers. Any child that is part of the Lower Sioux Indian Community, CWOO, Indian Education or Lower Sioux Social Services is eligible to receive these weekly bags of food.

If you believe your child could benefit from this program, we encourage you to complete the registration form out below and returning it to the Emergency Operation Center (EOC) in person or by email at lsic.eoc@lowersioux.com. Only one form is needed for all the children in your family but include information for each child in the form below. This information is kept confidential.

Once your child is registered, they will receive bags of food each week starting June 12 through July 24. We encourage you to take advantage of this program for your family and your children. If you have questions or concerns, please contact the EOC at 320-522-0216.

DISCLOSURE: Please be attentive to what products are in bag if your child(ren) have food allergies. We do our best to pay attention to what is being put into bag.



LSIC Emergency Food Weekend Backpack Program Registration

Please sign my child(ren) up for the LSIC Weekend Backpack Program Registration Form. I understand my child(ren) will start receiving a bag of food at the end of each week for his/her use over the weekend, starting June 12 through July 24. **PLEASE PRINT CLEARLY.**

Today's Date _____

Child's Name, Age _____

Special dietary needs, if any (e.g., diabetic, food allergy) _____

Child's Name, Age _____

Special dietary needs, if any (e.g., diabetic, food allergy) _____

Child's Name, Age, _____

Special dietary needs, if any (e.g., diabetic, food allergy) _____

Child's Name, Age _____

Special dietary needs, if any (e.g., diabetic, food allergy) _____

Parent/Guardian Name _____ Telephone Number _____

Parent/Guardian Email Address _____

Home Delivery Address _____

Optional: If you are interested in volunteering your time, please complete information below, and someone will contact you with more information.

I may be interested in serving as a volunteer with LSIC Emergency Food Weekend Backpack Program.