
BELLEVILLE HENDERSON BACKPACK PROGRAM REGISTRATION FORM

The targeted date for the backpack program to begin is mid-September for the new school year. The goal of the program is to help Belleville Henderson's children to become food secure each weekend. If your family is approved to receive the Free/Reduced Meal Program at school, or if you would like your children to participate in the BHCS Backpack Program, please fill out and return this form to me.



Karen M. Bertram, School Nurse
Belleville Henderson Central School District
8372 County Route 75
Adams, New York 13605



315-846-5323 or kbertram@bhpanthers.org

Please list the name of the student(s) below

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

Please list the name of Parent/Guardian and contact information:

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

Please circle how you would like your backpack delivered: **BUS DELIVERY** or **PARENT PICK-UP**

PLEASE SIGN ON BACK OF PAGE

PARENT/GUARDIAN and STUDENT



We are asking that you family help us out!

Please be accountable for the BHCS Backpack that is sent home each week.

We ask that you make sure the BHCS Backpack is sent back to school each Monday morning.
The backpack supply is limited

We ask that you sign the bottom of this agreement that you will be accountable each week for the backpack that is sent home to you and make sure that on Monday morning it is returned to school.

Thank you.

Parent/Guardian Signature

Date

Student(s) – Please list:
