



B.A.G.S. for Tomorrow is a community program that works cooperatively with the Groton Area School District. The program provides complimentary snacks and meals to students who may need additional food resources over the weekends during the school year due to their family financial need.

Any child enrolled in the Groton Area School District may participate. There are no other eligibility requirements.

**To register, simply complete the consent form below and mail it or return it to the address listed below. Consent forms will be accepted anytime during the school year and children will be served on a first come first serve basis.**

If you have more than one child in school, you only have to submit one form, listing all of your children. Student and family names will be kept confidential. People and organizations that put the bags together will not know the identities of the students receiving the food.

Once your consent form is received, your child's name will be added to the list of students eligible for the B.A.G.S. for Tomorrow program. You will receive a letter informing you of your child's enrollment.

If you are in need, please consider letting this nationally recognized program help your family. Questions? Contact Brett Schwan at Groton Area Elementary School at 397-2317 or email [Brett.Schwan@k12.sd.us](mailto:Brett.Schwan@k12.sd.us). Website: <http://bagsfortomorrow.org>.

2015-2016 B.A.G.S. for Tomorrow Consent Form

Mail or return to: Groton Area Elementary Attn. B.A.G.S. for Tomorrow 810 North 1 <sup>st</sup> Street Groton, SD 57445	B.A.G.S. for Tomorrow is a program for students whose family is in financial need. Brought to you through individuals and group donations. This is not a school program.
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**Yes, I want to be enrolled in the B.A.G.S. for Tomorrow Program**

1. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Locker # \_\_\_\_\_

Any special dietary need, if any (diabetic, food allergy, kosher) \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Locker # \_\_\_\_\_

Any special dietary need, if any (diabetic, food allergy, kosher) \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Locker # \_\_\_\_\_

Any special dietary need, if any (diabetic, food allergy, kosher) \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would also like to be included on the list for families in need that other organizations request for donating purposes. Example: Angel tree, clothing, donations, ect.

No, I would not like to be included on the list for families in need.