



Dear Parent/Guardian:

We would like to offer your child the opportunity to participate in a program at ZQuest called "Hand2Hand". This program helps provide a child with food for the weekends and is intended for families who currently may be experiencing a financial burden. This is the first year that Hand2Hand is offered at our school. The first food bag is set to be delivered on **Thursday, November 30.**

Here's how Hand2Hand will work: Thursday's of each week students who are signed up for the program will receive 8-10 food items. These food items will be a combination of breakfast, snacks, lunch and/or dinner items.

While the food items are meant for the student, they can be shared among the family as well. **(Please note: if your child has food allergies it will be the responsibility of the parent/guardian to check the contents of the backpack each week to ensure the food doesn't contain ingredients which could cause an allergic reaction)**

There is no cost to participate. Keep in mind this program is intended to come alongside families who could really use the help. Individual families can decide how long or short a period of time they would like to participate. If you sign up for Hand2Hand, then down the road you no longer need the assistance, simply write a note expressing your desire to discontinue receiving Hand2Hand bags and give this note to the school office. This opportunity is being provided through the congregation at **Faith Reformed Church.** To learn more about Hand2Hand, please visit their website: <http://hand2handbackpack.org>.

If you feel like your student would benefit from this opportunity, please complete the response form at the bottom of this letter and return it to your student's teacher by Friday November 7, 2017 and we will make sure that your student's name is then added to the list. Your response will be kept confidential.

Sincerely,

Leslie Rindfliesch

Principal Name
Leslie Rindfliesch

✂ _____

IF YOU WOULD LIKE YOUR CHILD(REN) AT ZQuest TO PARTICIPATE IN HAND2HAND, PLEASE RETURN THIS PORTION TO THE SCHOOL OFFICE.

Child's Name: _____ Teacher: _____ DOB: _____

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Child's Name: _____ Teacher: _____ DOB: _____

Parent/Guardian Signature: _____ Dated: _____