Hand2Hand
Ministries

Dear Parent/Guardian,

Innocademy is participating with a program called **"Hand2Hand"**. We would like to give your child the opportunity to participate in the **"Hand2Hand"** program. This program provides supplemental week-end food and snacks for families.

On **Thursdays**, your child will receive a bag full of food items that may be eaten over the weekend by your family. **(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. If you are not in need of this type of assistance right now please refrain from signing up so we can maximize our resources for those families who would benefit from this. 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 food bags. You may bring the note right to the school office or give to the child's teacher. This opportunity is being provided through the **H2H Hope Gathering Area Pantry, Vertical Church, Community Ref Church and Faith Ref Church.**

If you feel your family would benefit from Hand2Hand, you are welcome to participate! Please complete and sign the bottom of this letter and **return to the school, asap. Please place the form in an envelope labeled H2H**. If you have any questions please feel free to contact Heidi Wolters at heidi.wolters@innocademy.com. *Your response and participation will be kept confidential*.

Thank you,

Innocademy Teaching Team

PLEASE INDICATE WHETHER YOU WOULD LIKE YOUR CHILD/CHILDREN AT INNOCADEMY TO PARTICIPATE IN HAND2HAND. PLEASE RETURN THIS PORTION TO THE OFFICE AT INNOCADEMY.

_____ **YES**   _____ **NO**

How many adults in family:_____   How many siblings (that are not of school age) : _____

Child's Name: _____ Birthday: _____ Grade: _____ Teacher: _____

Child's Name: _____ Birthday: _____ Grade: _____ Teacher: _____

Child's Name: _____ Birthday: _____ Grade: _____ Teacher: _____

Child's Name: _____ Birthday: _____ Grade: _____ Teacher: _____

Parent/Guardian Signature: _____ Date: _____