



# ROCORI Action Packs

## ROCORI's Weekend Food Program

<p><b><i>ROCORI Action Packs</i></b> <a href="mailto:ROCORIActionPacks@gmail.com">ROCORIActionPacks@gmail.com</a> www.rocoriactionpacks.com 320-685-1042</p>	<p><b><i>Cold Spring Elementary</i></b> 601 Red River Ave. N. Cold Spring, MN 56320 320-685-7534</p>
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Dear Parent/Guardian,

ROCORI Action Packs are a gift from our community to students who may not have enough food at home over a weekend. Packs are intended to extend the free breakfast and lunch programs provided at our schools into your home. Packs may also be (but do not have to be) in addition to services provided by our local ROCORI Area Food Shelf.

Each Pack includes quick, easy, nutritious meals and other foods. Packs are sent home with students enrolled in the program at the end of each school week in a confidential manner. Packs generally include 9-10 food items. Pack contents may change throughout the year, and may include fewer, different, or varied foods.

Families are welcome to sign up at any time during the school year. If your needs change during the school year, you may opt out of (or into) the program at any time. Either way, simply contact your student's school office.

Students in your home might benefit from supplemental healthy foods if ...

- Your student needs food to extend the free breakfast/lunch program at school.
- Your income, employment, or family situation changed/decreased recently.
- Your employment requires you to work when your student(s) are home alone for a meal.

There is **NO** cost and there are **NO** income qualifications (the program is funded by community donations). If you feel your child could benefit from a ROCORI Action Pack each weekend, please fill out the attached form and return to school by **Friday, Sept 8th**. If you participated in this program last school year, you **MUST** re-enroll with the form below. Pack distribution will begin later in September.

Please call if you have questions!

Mr. Jim Mitteness

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 **YES!** Please sign my student up to receive a ROCORI Action Pack each weekend!

Student Name \_\_\_\_\_ Grade & Teacher \_\_\_\_\_

Parent Signature \_\_\_\_\_

My child has the following **food allergy/diet** restrictions: