



Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551
www.fortcherry.org

Dear Parents/Guardians,

We are happy to offer to you the “Fort Cherry Helping Hands” program. The district is collaborating with local providers to continue this program. It is only offered to families that have qualified for free or reduced meals at the school. Once a month, you will have the opportunity to pick up a box with food items for all of the children in your household under the age of 18. A schedule will be provided to the families who confirm their participation in the program. This is at NO COST to your family. We ask that all eligible families accept this monthly contribution and support this worthwhile program. The school district is proud to offer this initiative.

To take part in “Helping Hands” this school year you:

- must receive free or reduced school meals.
- must complete and return the ‘Opt-In’ form. (one per household only)
- must complete and return the ‘Permission to Share’ form. (one per household only)
- must be able to pick up food between **12:00 - 2:00 pm** at the Kindergarten Suite Entrance (to the right of the main entrance/Door 12) each month. A schedule of pick up Wednesday dates will be provided.

If you **choose to participate** in the “Fort Cherry Helping Hands” program, please complete the attached **Opt- In** form and **Permission to Share** form. Return these forms to Brianne Eiler, Elementary Student Service Coordinator. **If you already take part in the Helping Hands program you do not need to complete this Opt-In again, but you MUST complete the Permission to Share form. If you wish to be removed from this program please call.**

If you have any questions regarding the program, please contact Brianne Eiler at 724-796-1551, ext. 2003 or email her at beiler@fortcherry.org.

Thank you, and we look forward to helping.

“Fort Cherry Helping Hands” Opt-In Form

Please complete this form and return it to Mrs. Brianne Eiler at the Elementary Center.

YES, I am interested in participating in the “Fort Cherry Helping Hands” program.

Please list all children living in the household and their ages:

(Name/Age)

(Name/Age)

(Name/Age)

(Name/Age)

(Name/Age)

(Name/Age)

Parent’s/Guardian’s Name _____

Signature _____

***Phone Number** _____

**We will add this number to an automated calling system to remind you of pick up dates/times.*

Please list any designated adult(s) that may pick up the food for your family if you are unable to do so.

(Name)

(Phone Number)

(Name)

(Phone Number)

My family is not able to pick up the food at the school between 12:00 - 2:00 pm. This time is when I or a designated adult is available:
