Kiwanis Holiday and Food Distribution Program

Please complete and return the following information to your child's school nurse no later than **November 13, 2023**

Dear Parent or Guardian:

The Holiday Season Food and Toy Program is a Kiwanis project in partnership with APCSD Nurses, Hannaford Bros. Market in West Sand Lake along with the Sand Lake Veteran's Hall. Another partner is the U.S Marine Corps Toys for Tots Program.

School Nurses in the Averill Park School District have been contacted by the Kiwanis Club of Sand Lake NY, Inc. requesting that they forward to the Kiwanis Club the names of families that would like to participate in the Holiday Season Food and Toy Distribution Program. It is most important to understand that the nurses will forward to the Kiwanis Club only names of those families who request to participate in the program.

Please be aware that all information is kept strictly confidential.

Food for Thanksgiving and food and toys for the Christmas Holiday will be distributed from the Sand Lake Veteran's Hall which is located on Route 43 in Averill Park near the Averill Park Post Office. Thanksgiving food boxes will be distributed between 9:00 am and noon on Saturday November 18. Christmas Holiday food boxes and toys will be distributed between 9:00 am and noon on Saturday December 16th. Please mark your calendars with these dates.

Please feel free to call either the School Nurses or contact:

Kiwanis Club of Sand Lake NY. Inc Community and Youth Services Committee Chairperson Pat Lane PO Box 535 West Sand Lake, NY 12198

Telephone Number: 518-256-0128

Email address: SandLakeKiwanis@nycap.rr.com

Web Address: www.SandLkeKiwanis.org

Please complete the following form and have your child return it to your student's Health Office by November 13,2023. Please follow-up with your child in a few days by asking if they turned in the form to the Nurse. In the past students have forgotten to hand in the information.

KEEP THIS SHEET FOR PICK UP INFORMATION

IMPORTANT: The following form only needs to be returned if you are requesting to be a recipient of the FOOD and TOY DISTRIBUTION PROGRAM

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Please complete and return the following information to your child's school nurse no later than November 13, 2023

We wish to be included in the Food and Toy Distribution Program (Please Circle):

| Thanksgiving Day – Food Only | Yes | No | | |
|---|----------------------------------|---------------------------|--------------------|------------------------|
| Christmas Holiday – Food | Yes | No | | |
| Christmas Holiday – Toys | Yes | No | | |
| Required Information, please pr | rovide the fo | llowing: | 8 | |
| Name of Parent or Guardian: _ | | | | |
| Telephone Number Home: | | | Cell: | * |
| Secondary Contact Telephone N | | | | |
| Email Address: | | | | 125 |
| Residence Address: | | | p = | |
| 2 | | | | |
| In the event of an emergency wasite. Please give an exact location and landmarks if the residence is Please provide information on p | n as well as a not easily red | ny addition cognizable | e form the street. | tion, such as distance |
| 12 th grade. | | | | |
| Childs Name | Age | Grade | School | Gender |
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