

End 68 Hours - Oyster River

The community of Oyster River offers a weekend food program for students, End 68 Hours-Oyster River. This program's purpose is to **send home a supply of food every Friday with any child who feels and/or whose parent(s) feel this would be helpful.** This process will be done in a **confidential** manner.

The food products are placed in bags and delivered (per your choice) to the bus office for pick up, on to your child's bus, or to your child's school by Thursday afternoon for take home on Thursday or Friday. You must indicate how/where you would like to receive your bag(s). Questions or changes to delivery can be directed to Nancy at 868-1610 or nclavette@orcscd.org.

You may opt into or opt out of this program at any time. For instance, if there is a loss of income in a home, you may contact one of the people noted below in person, via phone, note or email. Beginning the following week, your child(ren) will receive a bag of food to take home from the school where they attend. This service will continue each week until you state you no longer wish to receive this support.

Moharimet: 740-8585 skow@orcscd.org **Mast Way:** 659-3001 kmoore@orcscd.org

Middle School: 868-2820 jwons@orcscd.org **High School:** 868-2375 hmachanoff@orcscd.org

If you feel these items would help your family, simply fill in the information below and have your child bring it to the School Nurse or Counselor listed above. You may fill out one form or send information to one location even if you have children in more than one school. If you prefer, you may also call or email with the information listed below. Please contact Katherine Moore at 659-3001 with any questions.

Should you wish to learn more about End 68 Hours of Hunger, please visit the organization's website at www.end68hoursofhunger.org, or contact Nurse Katherine Moore.

If your family is able to help with a monetary donation, please make checks payable to ORCSD End 68 Hours of Hunger and send it to SAU #5, c/o Nancy Clavette, 36 Coe Drive, Durham, NH 03824.

Thank you for your support!

Weekend Grocery Help

Thank you! My family would benefit from this program. Please send a bag home with:

Child's name: _____ Pick Up: Bus Office ___ on Bus # ___ or at _____
(Name of school)

Child's name: _____ Pick Up: Bus Office ___ on Bus # ___ or at _____
(Name of school)

Child's name: _____ Pick Up: Bus Office ___ on Bus # ___ or at _____
(Name of school)

Child's name: _____ Pick Up: Bus Office ___ on Bus # ___ or at _____
(Name of school)

Parent/guardian _____ Contact # _____

*Due to allergies, religion, or culture my family cannot eat: _____

Call, email, or return this slip to the School Nurse or Counselor.