SFSP CONNECTING KIDS TO MEALS

Name of Program: _____

Street Address: _____

City: _____   Zip Code: _____

Name of Site Leader (who will be on site while meals are being served):

_____

Site Leader's Telephone number (day time) :_____

Site Leader's Email: _____

Anticipated Start date of program: _____

Anticipated End date of program: _____

Circle the days of the week for programming: M   Tu   W   Th   F

Start Time of daily program: _____   End Time of daily program: _____

Type of meal(s) that will be served(circle one):

Breakfast only   Breakfast/Lunch   Lunch only   Lunch/Snack   Snack/Dinner   Dinner only

If a meal and a snack are selected, please make sure you plan for 2.5 hours between end of the first and start of second per ODE rules.

Meal choice #1: _____

Time of meal choice #1: Start time_____   End time _____

Meal choice #2: _____

Time of meal choice #2: Start time_____   End time _____

Do you have planned activities at your site?   Y   N

If yes, briefly describe: _____

_____

If no and you would like help getting some activities as your site, what would you like to see at your site?

_____

_____

THANK YOU FOR YOUR TIME TO FILL OUT THIS INFORMATION!