



CACFP INFORMATION SHEET

Name of the program: _____

Program dates for the school year: Start _____ End _____

Days of the week the program is in session (circle all that apply): M Tu W Th F

Time of day for the program: Start _____ End _____

Anticipated **maximum** number of students that would be participating in the program: _____

Anticipated **starting** number of students at the beginning of your program: _____

Name of Site Contact: _____

Email: _____

Telephone #: _____ Fax #: _____

Name(s) of Site Supervisor (*must be trained to serve meal and be on site during the serving of the meal*):

Email of Site Supervisor: _____

DOB of Site Supervisor: _____

Telephone #: _____ Cell #: _____

Type of meal(s) that will be served: Dinner only Snack only Dinner & Snack

If both dinner and snack are selected, please make sure you plan for 2 hours between end of the first and start of second per ODE rules.

Meal choice #1: Dinner Snack

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

Meal choice #2: Dinner Snack

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



PROGRAM SESSION PLAN

Periodically, programs are closed for holidays, school closings, and other situations that come up in the school year. Below, please list the days you already know you will not be in session including holidays, school breaks, and program breaks. As other dates come up, we ask that you kindly call us **at least a 24 hour notice** of when your program will be closed.

Name of the program: _____

School district we typically follow for school closing: _____

Other dates we already know we will not be in session:

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____