



PO Box 9363, Toledo, OH 43697-9363 \* 419-720-1106 - Fax 419-243-9960

## 2022 Summer Food Service Program Information Sheet

Name of Program: \_\_\_\_\_ Name of **Site** Location: \_\_\_\_\_

**Site** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of the Site Leader(s) who will be serving during the approved meal time:

1. Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

2. Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Anticipated START Date of Program: \_\_\_\_\_

Anticipated END Date of Program: \_\_\_\_\_

Circle the Days of the Week for Programming: Mon Tue Wed Thu Fri Sat Sun

Start Time of Daily Program: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

End Time of Daily Program: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

Anticipated Number of Kids for Meals Each Day: \_\_\_\_\_

Do you have planned activities at your site?    Y    N    (circle one)

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fourth of July Plans (list the date(s) that you will be closed):** \_\_\_\_\_