After School Snack Request Form & Checklist for Qualifying

2019-2020 (revised July 2019)

Submit completed form to School Nutrition Manager APPROVAL REQUIRED TWO WEEKS PRIOR TO THE BEGINNING DATE OF PROGRAM

Program Name School:	
Snack <u>Start</u> Date:	Snack <u>End</u> Date:
Time School Day Ends:	Time Snack Starts:
Checklist Item	Answer Questions Below
What educational or enrichment component does your after school program have? Describe.	Describe Educational/Enrichment Component:
Students must be in PK – 12 grade to participate.	List AGE/GRADES of students participating:
A schedule is important in having snack available as needed. Also, note any additional information, such as if your group is meeting every other week, etc.	Check each day of the week program will meet: M
Enrollment determines the number of snacks that can be available for a group. (Only one snack per day per student is allowed.)	Estimated snacks needed daily: List numbers below if enrollment varies daily: M T W TH F
Location where snacks will be served. Please be specific.	Name of Room and/or Room number.
After School Program Applicant Name	
Contact Number:	(c)
Email: @clevelandcountyschools.org or/	
Email:	