



Committed to Student Excellence

Child Nutrition Program

AFTER SCHOOL SNACK PROGRAM REQUEST

Request must be submitted a minimum of 10 days prior to date of service to be honored.

School Name: _____ **Date:** _____

Principal/Teacher: _____

Program Name: _____

of Participants: _____

Starting Date: _____ **Ending Date:** _____

Days of Service: _____
(i.e. Mon-Thur, Mon & Wed only, etc.)

Contact Person: _____

Phone #: _____

Description of After-school Program:

For Child Nutrition Program Use Only:

Approved by: _____ Date _____



Committed to Student Excellence

Teacher/Rm# _____

Date _____

After School Snack

Daily Roster of Participating Students

Participated	Name	Id#
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Place a check Mark if student participated ✓

Place an X if student did not participate or was absent