



K-12 After-School Supper/Snack Application

Please complete one application per program and site

School Site: _____

Originating Organization or Program:

Organization Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Email address of person responsible for submitting monthly rosters: _____

Sub-Contracted Organization or Program:

Organization Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

License # _____ Non-Profit For Profit

To qualify for a federally funded after school snack program, the program must offer structured, supervised care in an after school setting and provide students with regularly scheduled education or enrichment activities. The program must be open to all and cannot limit membership for reasons other than space or security reasons. Organizations must agree to submit documentation of the individual child's daily attendance by the 15th of the following month and comply with meal pattern requirements. Organized athletic programs engaged in interscholastic sports will not be approved.

Programs Requested: Supper After School Snack

NOTE- We must have a minimum of 3 weeks notice for new supper programs.

Description of Program: _____

Are students supervised the entire time they participate in the program? _____

Is your program open to all enrolled students? _____

Does your program begin after school hours? _____

Program start date: _____	Program End Date: _____
School End Time: _____	Supper Time: _____ Program End Time: _____
Days of week snacks will be served: _____	Estimated Enrollment: _____

X _____ Date: _____
Authorized Signature

The electronic roster provided must be completed and submitted to Kim.Thomas@twinriversusd.org by the 10th of the following month on a monthly basis. Failure to submit will jeopardize the continuance of the program.

Do not write below this line

Approval: **X** _____ Date: _____

Eligibility - _____ %