



## Child and Adult Care Food Program 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 at least 1.5 hours between end of the first and start of second meal.*

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 \_\_\_\_\_