



Summer Food Service Program Information Sheet

Name of Program: _____

Street Address: _____

City: _____ Zip Code: _____

Name of Site Leader (who will be on site while meals are being served):

Site Leader's Telephone number (day time): _____

Site Leader's Email: _____

Anticipated **start** date of program: _____

Anticipated **end** date of program: _____

Circle the days of the week for programming: M Tu W Th F

Start Time of daily program: _____ End Time of daily program: _____

Fourth of July plans (List the dates that you will be open): _____

Type of meal(s) that will be served (circle one):

If two are selected, please plan for 3 hours between meals per ODE rules.

Breakfast only Breakfast/Lunch Lunch only Lunch/Snack Snack/Dinner Dinner only

Meal choice #1: _____

Time of meal choice #1: Start time _____ End time _____

Meal choice #2: _____

Time of meal choice #2: Start time _____ End time _____

Do you have planned activities at your site? Y N

If yes, briefly describe: _____

If no and you would like help getting some activities at your site, what would you like to see at your site?

THANK YOU FOR YOUR TIME TO FILL OUT THIS INFORMATION!