

**Cleveland Municipal School District
Food and Child Nutrition Services
After School Care Snack Application**

Name of School _____

Name of Program _____

Program Administrator _____ Department _____

Phone Number _____ Mailing Address _____

Site Supervisor _____ Phone Number _____

Beginning Date of Program _____

Ending Date of Program _____ specific date required

Will the program be held on a Saturday YES NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*
Hours						
# of students						

*Saturday snacks are not reimbursable. Please provide a fund and budget number below:

Is the site active in the National School Lunch Program Yes No

Are there regularly scheduled activities which are supervised
to include educational or enrichment activities Yes No

Is the program open to all children Yes No

- * The Program Administrator must provide a roster with the student's names and ID numbers
- * If the answer is NO to any of the above questions, a snack program may not start at the site until proper approval is granted
- * **Please Send this form and a roster to Devanuel Samuel, Food & Child Nutrition Services, East Professional Center 1349 East 79th Street, Cleveland Ohio 44103 or email to: Devanuel.Samuel@clevelandmetroschools.org Please allow at least one week for approval**

_____ Date: _____

Site Coordinator

Approval

_____ Date: _____

Accounts Coordinator