Cleveland Municipal School District
School Nutrition
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

Will the program be held on a Saturday

YES

NO

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<th>hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday*</th>
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| # 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 Anu Soniyi at School Nutrition Anu.Soniyi@clevelandmetroschools.org
* Please allow at least one week for approval

Date:

Site Coordinator

Approval

Date:

Accounts Manager

Revised 9-17-19