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

<table>
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<tr>
<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 Yes No
to include educational or enrichment activities

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

Site Coordinator ___________________________ Date: ___________________________

Approval

Accounts Coordinator ___________________________ Date: ___________________________

Snack-3

Revised 9-28-17