

APPLICATION FOR AFTER SCHOOL CACFP SNACK/SUPPER PROGRAM

2023-2024

ALLENTOWN SCHOOL DISTRICT

CHILD NUTRITION SERVICES

AFTER SCHOOL CACFP SNACK / SUPPER PROGRAM

(CIRCLE WHICH MEAL REQUESTING)

NOTE: Minimum enrollment: Snack 10 Supper 25

SCHOOL NAME _____

TODAY'S DATE _____

CHILD NUTRITION SERVICES MANAGER _____

NAME OF PROGRAM _____

PROGRAM COORDINATOR/TEACHER NAME _____

COORDINATOR/TEACHER PHONE # _____

STUDENT ENROLLMENT _____

(Please attached a student roster with this application)

Please Record Scheduled Days and Service Time of Program						
		Mon.	Tues.	Wed.	Thur.	Fri.
Days						
Meal Service Time						
Room Where Meal is Served						

PLEASE NOTE EDUCATIONAL/ENRICHMENT COMPONENT:

START DATE OF PROGRAM _____ END DATE OF PROGRAM _____

PROGRAM HOURS OF OPERATION _____

CNS MANAGER NAME _____