

# Site Application for After-School Snacks

6/30/16

**Turn in 2 weeks prior to beginning of program.**

**For enrolled students only. Not for adults.**

Please complete the following form & return it to Food Service Director, Nutrition Services office located at the administration building. 306 Bolin Drive, Toppenish.  
If you have questions, please call 865-8093.

**Send or email form to: Nora Flores at the above address or [nflores@toppenish.wednet.edu](mailto:nflores@toppenish.wednet.edu)  
( Cooks may forward form to FS Director )**

School Name \_\_\_\_\_ Date: \_\_\_\_\_

Program person doing the roster and passing out the snacks –  
NAME: \_\_\_\_\_ Phone number \_\_\_\_\_

Coordinator's Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Program Name \_\_\_\_\_ Serving Location: \_\_\_\_\_  
**Room #, Gym, or Cafeteria, etc.** \_\_\_\_\_

Program Start Date \_\_\_\_\_ Program End Date \_\_\_\_\_

Week days of Program \_\_\_\_\_ Times of Program \_\_\_\_\_

Serving Time: \_\_\_\_\_ Number of Students \_\_\_\_\_

**Required:**

**Written Description of Program: (please print)**

**Allergy Reminder:** Please check with your school office to see if any of your students have a life threatening food allergy.

## **Federal regulations and guidelines**

1. Tally sheet must be marked daily and returned to kitchen daily. Make a mark on each number as the student takes the reimbursable snack
2. Program adult must insure both components of the snack are served to each student.
3. Notify the cooks at the kitchen that supply you with the snacks if you will not be having snacks on a specific period of time or date.

**Required:**

Adult serving the snacks must sign that they understand and will follow the above guidelines.

Adult signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_