



PO Box 9363, Toledo, OH 43697-9363 * 419-720-1106 * Fax 419-243-9960

Summer Food Service Program Information Sheet

Program Details

Name of Program: _____

Street Address: _____

City: _____ Zip Code: _____

We are an: _____ indoor program _____ outdoor program

Name of Site Supervisor: _____

Site Leader's Telephone number (day time): _____

Site Leader's Email: _____

Anticipated **start** date of program: _____

Anticipated **end** date of program: _____

Circle the days of the week for programming: M Tu W Th F

Start Time of daily program: _____ End Time of daily program: _____

Fourth of July plans (List the dates that you will be open): _____

Meal Time Plan

Type of meal(s) that will be served (circle one): *If two are selected, please plan for 1.5 hours between meals per ODE rules.*

Breakfast only Breakfast/Lunch Lunch only Lunch/Snack Snack/Dinner Dinner only

Meal #1: _____

Time of meal #1: Start time _____ End time _____

Meal #2: _____

Time of meal #2: Start time _____ End time _____

Do you have planned activities at your site? Y N

If yes, briefly describe: _____

If no and you would like help getting some activities at your site, what would you like to see at your site?

THANK YOU FOR YOUR TIME TO FILL OUT THIS INFORMATION!

Revised 01/2020