



After-school Snack Program Form



This form is utilized to organize after-school snack programs & USDA required documentation regarding ASSPs. **Please fill out this form to its entirety and return it with your leftover snacks or in a designated area as instructed by your cafeteria manager.**

Program Name: _____

Program Start Date: _____

Program Days (I/A): _____

Today's Date: _____

Program Start Time: _____

School (circle one):

Milford High

MCA

Mispillion

Ross

Banneker

Morris

Grade Level (circle one or more):

Pre-k

K

1

2

3

4

5

6

7

8

9

10

11

12

Number of anticipated students (enrollment): _____

Number of complete snacks distributed on day of program (both items): _____

To qualify for reimbursement, each child must obtain both items offered; although, they do not have to necessarily eat both items.

Item 1: _____

Size: _____

Item 2: _____

Size: _____

Allergy Snack Items: _____

Please fill out the top half of this form (up to "Number of anticipated students") and turn in to your cafeteria manager **at least 1 week prior to the start date of your program.** For the start of your program or for any additions to your enrollment during the program, please attach an updated student roster or email to your cafeteria manager. **Only 2 items will be provided per 1 child.**

Please also advise your cafeteria manager of the program calendar for the school year as soon as possible. Your cafeteria manager will set up a designated location for the snacks to be picked up & returned. *When returning leftover snacks, please include this completed form each time the program occurs.*

If my student enrollment is changing, have I attached an updated roster to this form or e-mailed one to my cafeteria manager?

Yes

No

For cafeteria use only:

Please keep forms in a designated "snack" folder or binder along with their production sheets. For any discrepancies, please contact teacher responsible for program. Please submit forms to financial secretary every Friday from previous week.