

# Child Nutrition Program After School Care - Snack Request

## Reimbursable Programs (check program that applies)

Eligible programs must include educational or enrichment activities in organized, structured and supervised environment and must be open to all students, except where restricted for security reasons.

\_\_\_\_\_ Child Care in after school setting

\_\_\_\_\_ Tutorial

\_\_\_\_\_ Other (please specify program) \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Begin Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

**Circle** each day(s) of the week that snacks will be needed:      **Mon.**      **Tues.**      **Wed.**      **Thur.**      **Fri.**     

Number of snacks requested: \_\_\_\_\_

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Phone Number

## Reimbursable Snacks:

**This program requires documentation.** All contact persons are responsible for assuring that snacks are kept safe until served. Students must take both snack items without exception. Snacks not served or returned must be kept at proper temperature. Loss of snacks for whatever reason will be charged to the contact person. All snacks must be counted when received. A **snack report must** be submitted to the Cafeteria Manager the next morning so that he/she may complete his/her report. The snack report must be the class roster with a mark next to the students who took a snack and a total number of snacks used at the bottom of the roster. Please include an adult signature and date on each roster. Failure to submit the required report may result in an invoice sent to the contact person.

## Non-reimbursable Program (check program that applies)

These programs require a purchase order to charge before the order is submitted.

\* \_\_\_\_\_ UIL

\_\_\_\_\_ Organized Athletic Program

\* \_\_\_\_\_ Choir

\_\_\_\_\_ Interscholastic Sports

\* \_\_\_\_\_ Debate Team

\_\_\_\_\_ Drama Society

\* \_\_\_\_\_ Other (specify) \_\_\_\_\_

\* **Purchase Order #:** \_\_\_\_\_ **(Required)**

*Some of the non-reimbursable programs listed above may qualify for reimbursable snacks if the primary purpose of the program is after school child care. Please call 323-3800 if you need clarification.*

Fax request form to 323-8176 or e-mail [rwoodrum@mcisd.org](mailto:rwoodrum@mcisd.org) or [aluera02@mcisd.org](mailto:aluera02@mcisd.org)

I understand the requirements of this program:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus

\_\_\_\_\_  
CNP Director's Signature

\_\_\_\_\_  
Date

Revised January 2015