



Louisville Metro Community Services

SUMMER FOOD SERVICE PROGRAM REGISTRATION/AGREEMENT

SITE INFORMATION

Site Name:		Site Contact Person:	
Physical Site Address (include zip code):		Type of Site (circle one): School / Church / Park / Daycare Res. Camp / Rec. Center / Other	
Is this the mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is the mailing address?		Is this site non – profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of adults to be certified (one adult must remain on site at all times):		Site Phone Number: ()	Alternate Phone Number: ()
Email Address:			
Maximum number of children this site could serve:			
For the estimated number of children, does the site have: <i>(Check all appropriate boxes to the right and below.)</i>			<input type="checkbox"/> Sink and Restroom Facilities
<input type="checkbox"/> Shelter for inclement weather (please attach plan if applicabile)	<input type="checkbox"/> Storage for delivered food	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Access to a telephone <input type="checkbox"/> Organized Activities
List inclement weather address, if different from above:			
Quantity & Type of Refrigerators:			
List Organized Activities:			

MEAL INFORMATION

Dates your site will operate: / / to / /		List any days your site will be closed on a regular basis: (JULY 3 rd – Mandatory)			
Please check days your site will operate:					
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Please indicate meal(s) desired (Choose only 2; you may not receive Lunch & Supper meals together)		<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
Please Circle if you wish to serve Breakfast or Lunch. Write a time if you wish to serve a snack or Supper. <i>(Note: A trained site supervisor must be present during entire meal service times.)</i>					
Breakfast – 8:30 to 9:30	AM Snack	Lunch 12:00 to 1:00	PM Snack	Supper	
Please indicate the number of meal(s) needed for your first day of operation (please do not estimate too high):					
Breakfast	AM Snack	Lunch	PM Snack	Supper	

DELIVERY INFORMATION

Please indicate the site of your designated drop off point for the tailgate meal delivery and include any special instructions: (Parking lot, back building, etc.) <i>Please be as specific as possible.</i>	
Earliest time meal(s) can be delivered:	

SITE AGREEMENT

The person(s) named above agrees to:	
<ol style="list-style-type: none"> 1. Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled). 2. Attend sponsor-training sessions. One trained individual must remain on site during operations at all times. 3. Provide adequate supervision during the meal service. 4. Maintain and submit promptly reports and records that the sponsor requires. 5. Call in meal orders to the Community Services' (CS) office daily before 3:00 pm. The agency will be charged for any meals not served or documented. 6. Report any site closings or serving changes to the CS office at least three business days prior to the change. 7. Serve meals that meet the minimum meal pattern requirements. 8. Report any problems regarding the meal services to the assigned CS monitor in a timely manner. 9. Comply with civil rights laws and regulations. 	
<u>Site Supervisor signature</u>	<u>Date</u>

NOTE: Governmental and private nonprofit sponsors can only provide food