



Everett Public Schools 2017 Application for Summer Meals

This application is for summer meals provided by Everett Public Schools Food and Nutrition Department. If approved for the free meals, the site will need to be open to all children ages 1-18 during the meal service. All fields with an * are required to be completed.

*Site Name: _____

*Address: _____ *Zip: _____ *Phone: _____

*Contact Person: _____ E-mail _____

*Summer Hours of Operation (when we can reach you) : from _____ to _____

*Days of Meal Operation M T W T F (PLEASE CHECK ALL THAT APPLY)

*Summer Programs/Activities: _____

1. *Meal Service may begin on Wednesday, July 5th and continue until Thursday, August 24th.

When do you want meal service for your site? Beginning Date _____ Ending Date _____

2. *Which meals will be served and at what times?

*Please note that you are only allowed 2 meals per site, i.e. breakfast and lunch or lunch and snack. Times can change but please give us your preferred meal times. We recommend serving periods of no more than 30 minutes unless site is serving over 100 kids.

Breakfast: from _____ to _____ Lunch: from _____ to _____ Snack: from _____ to _____

3. *Estimate the average number of children to be served each day. If it will fluctuate please specify.

Breakfast _____ Lunch _____ Snack _____

4. * For the estimated number of children, does the site have: Yes No

- *Shelter for inclement weather? _____
- *Adequate storage for delivered food? _____
- *Adequate refrigeration? _____
- *Access to telephone? _____

5. *Will meal service be at the address given above? _____ If not, where will it be served?

Address: _____ Zip: _____ Phone: _____

6. *What Everett school is nearest to your meal site? _____

7. *Will you be taking field trips that require meals? _____ yes _____ no

If yes, we need a list of dates and location for the field trip in advance. Please provide that list by training.

***Who will be the site supervisor? The site supervisor is responsible for ensuring that all records are accurate, that someone meet the delivery vehicle, have meals properly stored and adhere to all program requirements.**

Name: _____ Title: _____ Phone: _____

Please return this form by April 28th to Everett Public Schools Food and Nutrition Office at the CRC Building or Email: mdevries@everettsd.org. Questions about completing this form, call the Food and Nutrition Office at 425-385-4380. Mandatory Summer program training is tentatively scheduled for 10am, June 27 at the CRC Building, 3900 Broadway, Everett, WA.