

For non-residential camp what are the daily hours of operation?

Enter Anticipated Camp Eligibility. Final eligibility/enrollment figures for sessions starting on or before July 19 are due by July 24 and sessions starting on or after July 20 are due 5 calendar days after the session start date.

Session 1:

Session Start Date:

Session End Date:

Number of Enrolled Residential Campers:

Number of Eligible Residential Campers:

Number of Enrolled Day Campers:

Number of Eligible Day Campers:

Number of Staff Children:

Number of Eligible Staff Children:

First meal being served for this session:

Last meal being served for this session:

Session 2:

Session Start Date:

Session End Date:

Number of Enrolled Residential Campers:

Number of Eligible Residential Campers:

Number of Enrolled Day Campers:

Number of Eligible Day Campers:

Number of Staff Children:

Number of Eligible Staff Children:

First meal being served for this session:

Last meal being served for this session:

Session 3:

Session Start Date:

Session End Date:

Number of Enrolled Residential Campers:

Number of Eligible Residential Campers:

Number of Enrolled Day Campers:

Number of Eligible Day Campers:

Number of Staff Children:

Number of Eligible Staff Children:

First meal being served for this session:

Last meal being served for this session:

Session 4:

Session Start Date:

Session End Date:

Number of Enrolled Residential Campers:

Number of Eligible Residential Campers:

Number of Enrolled Day Campers:

Number of Eligible Day Campers:

Number of Staff Children:

Number of Eligible Staff Children:

First meal being served for this session:

Last meal being served for this session:

Describe the organized and supervised system for serving meals to attending children:

Does the site have a public water supply?

Yes
No

If no, explain the sites water testing procedure and how often the site is required to complete testing:

Is this an indoor or outdoor site?

Indoor Outdoor

If this is an outdoor site, where will meals be served in inclement weather? (please provide name and address of location)

Method of Meal Preparation (check one):

Self-Prep (meals are prepared on site and served only at that site)

Sat-Prep (meals are prepared on site and served at this site and at other sites)

Satellite (meals are not prepared at the site)

Indicate how meals are obtained/procured:

Sponsor prepares meals

Purchased from a School Food Authority (submit SFA agreement)

Competitively procured (submit lease agreement with this new site information sheet)

Purchased from University campus dining (submit on campus dining agreement)

Satellite Sites only complete this section.

Name of food preparation kitchen:

Address of food preparation kitchen location:

County of food preparation kitchen location:

List all days there will be limited meal service:

Sponsors may serve three meals plus a fourth meal supplement.

Meal Number One:

Type of meal to be served:	Breakfast	Lunch	
	Supper	Snack	
	4th Meal Supplement		
Check days meals will be served:	Monday	Tuesday	Wednesday
	Thursday	Friday	Saturday
	Sunday		
Start time of meal service:			
End time of meal service:			
Offer vs. Serve	Yes	No	
Flexible Off Site consumption:	Yes	No	
Points of service:			
Please indicate the population of children eating meals:	Residential Campers	Day Campers	
	Staff Children		

Meal Number Two:

Type of meal to be served:	Breakfast	Lunch	
	Supper	Snack	
	4th Meal Supplement		
Check days meals will be served:	Monday	Tuesday	Wednesday
	Thursday	Friday	Saturday
	Sunday		
Start time of meal service:			
End time of meal service:			
Offer vs. Serve	Yes	No	
Flexible Off Site Consumption:	Yes	No	
Points of Service:			

Please indicate the population of children eating meals:

Residential Campers

Days Campers

Staff Children

Meal Number Three:

Type of meal to be served:

Breakfast

Lunch

Supper

Snack

4th Meal Supplement

Check days meals will be served:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Start time of meal service:

End time of meal service:

Offer vs. Serve

Yes

No

Flexible Off Site Consumption:

Yes

No

Points of Service:

Please indicate the population of children eating meals:

Residential Campers

Day Campers

Staff Children

Meal Number Four:

Type of meal to be served:

Breakfast

Lunch

Supper

Snack

4th Meal Supplement

Check days meals will be served:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Start time of meal service:

End time of meal service:

Offer vs. Serve

Yes

No

Flexible Off Site Consumption:

Yes

No

Points of Service:

Please indicate the population of children eating meals:

Residential Campers

Day Campers

Staff Children

I CERTIFY this site will operate a non-profit food service; the site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served; that all eligible children will be served meals free of charge; that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

(Print)Authorized Official/SFSP
Contact/Designated Representative:

Signature:

Title

Date:

For SED Use Only:

Department Approval:

Date:

LEA Code:

Urban or Rural?

Urban

Rural