

FOOD SERVICE:
AFTER SCHOOL
SNACK PROGRAM FORM

WHITE PLAINS CITY SCHOOL DISTRICT
Afterschool Snack Program (ASP)
Application Form

School Name: _____

Program Name: _____

Location: _____

Program Schedule: _____

Program Running Period: _____

Serving Time: _____

Total Number of Student Participating: _____
(Final Number of Student)

Name of the Person Running the Program: _____

Contact Information: _____

Name of the Person Handing the Snacks at the Schools: _____

Contact Information: _____

Enrichment Program Activities: _____