ALBUQUERQUE PUBLIC SCHOOLS
FOOD & NUTRITION SERVICES

APPLICATION STATUS
FOR OFFICIAL USE

- ◯ APPROVED
- ◯ DENIED

AFTER SCHOOL SNACK PROGRAM APPLICATION
(MUST BE COMPLETELY FILLED-OUT)

PROGRAM NAME:	
SCHOOL NAME:	
PROGRAM MANAGER:	EMAIL:
TELEPHONE NUMBER:	FAX NUMBER:
SITE LEADER:	SITE LEADER EMAIL:
TELEPHONE NUMBER:	FAX NUMBER:
NUMBER OF CHILDREN ENROLLED IN PROGRAM:	

INSTRUCTIONS
PLEASE INDICATE THE NUMBER OF AFTER SHOOL SNACKS YOU WOULD LIKE TO RECEIVE FOR EACH DAY OF THE WEEK

MON #	TUES #	WED #	THU #	FRI #

START-UP DATE FOR SNACKS:	ENDING DATE FOR SNACKS:
SNACK SERVING TIME:	WEDNESDAY SERVING TIME:

I have read and understand the APS AFTER SHOOL SNACK PROGRAM Policy and Procedures; I have completed the required training; and, I have verified that each Program Official has completed the APS AFTER SCHOOL SNACK PROGRAM TRAINING.

SIGNATURE:	DATE:

Print Form

Print completed Form and Email to stephanie.pinon@aps.edu or Fax to 505-348-5078 ***DO NOT SEND VIA JPEG OR ANY OTHER FILE FORMAT***

Reset Form