



Afterschool Meal Application Principal/Program Coordinator

- Complete an After School Supper Program Application.
- Submit the Application two (2) weeks prior to the date meals are needed. This will ensure that food is ordered in time for the meals to be served.
- Submit Application using one of these options:
 - **Fax: 225-275-3801 Attention: Mary Carter OR E-Mail: mcarter@ebrschools.org**
- Cafeteria Manager, Supervisor, and Principal/Program Coordinator will be notified by email when application is approved.
- Complete an application for EACH program within the school site. Each program must be approved before operating.
- Daily attendance roster is required to account for the amount of meals to be prepped.
- Leftovers must not be served as seconds. Meals may be disallowed by the State/Federal Government.
- Meals must be consumed on site during the operating days and times. No meals must leave the site for consumption at home.
- Program Principal/Coordinator must provide a doctor's note for students with specialized diets and accompany them during meal times.
- If meals are left as Grab & Go in a refrigerator; meals must be served as a unit with all five (5) components. No component can be removed and served separately. Meals may be disallowed by the State/Federal Government.
- Program Principal/Coordinator must accompany students during meal service and consumption
- Accountability must be taken at the Point of Service once the student is served a meal with all five (5) components.
- Accountability roster/check sheet must be completed and submitted to the Cafeteria Manager.
- Program Principal/Coordinator must attend and complete afterschool meals program training.
- A Justice for All poster must be posted in a visible area where meals are consumed.
- Afterschool meals are only for students enrolled in an approved program.

Principal/Coordinator's Name: _____

Principal/Coordinator's Signature: _____

The signature above indicates that the Program Principal/Coordinator acknowledges that they understand and will comply with the procedures outlined in the document.

Updated: July 14, 2023



Afterschool Meal Application

Fax: 225-275-3801 Attention: Mary Carter OR E-Mail: mcarter@ebrschools.org

Today's Date: _____

School Name:	
Principal Name::	
Program Name:	
Program Coordinator Name:	
Coordinator Tel. #:	
Total # of Students Enrolled:	
Operating Dates:	Start Date: _____ End Date: _____
Operating Times:	Start Time: _____ End Time: _____
Operating Days:	Check all that applies: Mon.: _____ Tues.: _____ Wed.: _____ Thurs.: _____ Fri.: _____ Weekend: Sat.: _____ Sun.: _____
Principal & Coordinator Signatures:	Principal: _____ Coordinator: _____
CNP Office Completes Below:	
Type of Site: (CNP Office)	Check One: Cooking _____ Satellite _____
Assigned Manager Name:	
Assigned CNP Staff:	Staff 1: _____ Staff 2: _____
Regional Supervisor:	
CNP Office Pre-approval:	Check One: Yes: _____ No: _____



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Director/Assist. Director's Final Approval:	Check One: Yes: _____ No: _____
Director/Assist. Director's Signature:	

The signature above indicates that the Program Principal/Coordinator acknowledges that they understand and will comply with the procedures outlined in the document.