

## APPLICATION FOR SUMMER FEEDING PROGRAM

|                 |               |             |          |                   |
|-----------------|---------------|-------------|----------|-------------------|
| OFFICE USE ONLY |               |             |          |                   |
| Site Entered    | Site Approved | On Calendar | Site No. | Training Complete |

**Physical Address:** \_\_\_\_\_  
 \_\_\_\_\_

Site City: \_\_\_\_\_

Site County: Pulaski \_\_\_\_\_

Site State: KY \_\_\_\_\_ Site Zip Code: \_\_\_\_\_

**Name & day time phone number** of person in charge of feeding: \_\_\_\_\_

Nearest Pulaski County School: \_\_\_\_\_

Email : \_\_\_\_\_

Site **Mailing** Address: \_\_\_\_\_

Site City: \_\_\_\_\_

Site County: \_\_\_\_\_

Site State: \_\_\_\_\_ Site Zip Code: \_\_\_\_\_

**Type of Site:**

Recreation Center     Park     School     Residential Camp     VBS

Other, Specify \_\_\_\_\_

**Type of Meals to be served and estimate quantity:**

| VBS/Other | Beg Date | End Date | Quantity<br>Each Day | Meal Type(s): ** | Time<br>Meal Begins | Time<br>Meal Ends |
|-----------|----------|----------|----------------------|------------------|---------------------|-------------------|
|           |          |          |                      |                  |                     |                   |
|           |          |          |                      |                  |                     |                   |
|           |          |          |                      |                  |                     |                   |
|           |          |          |                      |                  |                     |                   |
|           |          |          |                      |                  |                     |                   |
|           |          |          |                      |                  |                     |                   |

Other, Specify \_\_\_\_\_

**\*\*Meal Types: Breakfast (BR), Lunch (L), Supper (S), Snack (AM/SN or PM/SN)**

Comments: (Specific dates, field trips, special needs, food allergies...)

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**Where Will You Feed Children:** (i.e.: fellowship hall, picnic area...)

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**Site must provide coolers for transporting meals. Will you provide coolers?** \_\_\_\_\_

Please note: Coolers can not be Styrofoam.

**Does site have refrigerator for holding meals?** \_\_\_\_\_

**If you are a park or outside site, where will you feed the children in inclement weather?**

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**Give directions to site from Hwy 80 and 27 intersection:**

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**Approximate miles:** \_\_\_\_\_

The state requires volunteers to attend a training session. Would volunteers be able to attend a

training session if it were provided free of charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Meeting will be at the Pulaski County Public Library May 4 from 1:30 pm to 2:30 pm  
Dates for Summer Feeding are May 29 - July 27.**