



Food Service Application 2011 -12

ADDRESS INFORMATION:

Name of Center _____
Address _____ City _____
State _____ Zip Code _____ County _____
If mailing address is different then street address
please write it here _____

SITE CONTACT:

Contact Name _____ Title _____
Work Phone _____ Cell Phone _____
Fax Number _____ Email Address _____

CENTER INFORMATION:

Infant Care Child Care School After School

SYTE TYPE:

Profit Non-Profit *If you are non-profit, please provide us with a copy of 501c3*
Is your center peanut FREE? Yes No

LICENSING:

License Number _____ Expiration Date _____ License Capacity _____
Do you have a Health Food Safety Certificate? Yes No

OPERATING MONTHS:

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug

HOURS OF OPERATION:

Open at _____ Close at _____ 24 Hr Weekends

ENROLLMENT:

Current enrollment Number _____

Age range of children enrolled: 0 - 1 1 - 2 3 - 5 6 - 12 Youth - 18

Racial Ethnic Data: White _____ Black (Non-Hispanic) _____ Hispanic _____
 or African American _____ or Latino _____
 Asian _____ Native Hawaiian or _____ American Indian _____
 Other Pacific _____ or Alaska Native _____

MEALS SERVED:

Please choose one of two options

Time of Meals: I Breakfast _____ Lunch _____ Snack _____
Beginning and End

II Snack _____ Lunch _____ Dinner _____

Must be 3 hr difference between meals

What type of meals are you able to serve? Hot Cold

CALENDAR:

What holidays your site will be CLOSED? (Check all that apply)

- | | | | |
|---------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> New Years | <input type="checkbox"/> Martin Luther King | <input type="checkbox"/> Presidents Day | <input type="checkbox"/> Good Friday |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Independence Day | <input type="checkbox"/> Labor Day | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> Veterans Day | <input type="checkbox"/> Thanksgiving | <input type="checkbox"/> Day After Thanksgiving | <input type="checkbox"/> Christmas |

Other #Name? _____

FACILITIES EQUIPMENT:

- Refrigerator Freezer Oven Microwave Storage

Comments/Specifications _____

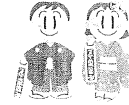
Please include copy of DPW with your application

Signature _____ Date _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.



C.B.S.
 State Sponsored School and Summer Kosher Food Program
 85 Tomlinson Road - Huntingdon Valley, Pa 19006
 www.cbsfoodprogram.com



Owners Information

Name of Center _____

Center Phone Number() _____ - _____

Name of Owner 1 _____

Home # () _____ - _____

Cell Phone#() _____ - _____

Email _____

Owner 2 _____

Home # () _____ - _____

Cell Phone#() _____ - _____

Email _____

Owner 3 _____

Home # () _____ - _____

Cell Phone#() _____ - _____

Email _____

This form must be submitted with your 2011/2012 applications in order for your center to participate in the CBS Food Program.