

**EDINBURG C.I.S.D. CHILD NUTRITION DEPARTMENT
SUMMER FOOD SERVICE PROGRAM
MEAL REQUEST FORM**

Phone Number: (956) 289-2575

Fax Number: (956) 380-8905

The Child Nutrition Department provides meals for children **18 years and younger** at no cost during the summer months. If you would like to request meals for students participating in summer camps or other activities, please complete this form and submit to the Child Nutrition Office at least **one (1) month** in advance. This form should also be completed by any E.C.I.S.D. campus hosting summer school. **A summer school campus automatically becomes an open site.**
(Open site means any child 18 years and younger can eat at the approved site. Breakfast and Lunch)

MEAL SERVICE: (check all that apply)

Breakfast
_____ # Student Breakfasts Requesting

Lunch
_____ # Student Lunch's Requesting

***A minimum of 75-100 students is required in order for the Child Nutrition Department to provide meals.**

START DATE: _____

END DATE: _____

Days of Operation (circle days): **MON** **TUE** **WED** **THUR** **FRI**

Main Contact Information:

Name: _____

Title: _____

Campus/Site: _____

Phone Number: _____

Fax Number: _____

Facilitator or Principal Signature

Date

FOR CHILD NUTRITION DEPARTMENT OFFICE USE ONLY:

APPROVED

Summer School Site

DENIED

Satellite Site

Signature

Date