



DEPARTMENT OF FOOD & NUTRITION 2024 SUMMER SURVEY

Prior to completing this survey form, please review the instructions on the **Summer Survey Guide**.

SECTION 1:

School Name: Loc #:

Site Address:

Program Name:

Supervisor Name: Phone Number:

E-mail Address:

Alternate #1 Name: Phone Number:

E-mail Address:

Alternate #2 Name: Phone Number:

E-mail Address:

SECTION 2:

Start Date: End Date: Non-Operational Dates:

Breakfast: - Check days serving breakfast:
Start Time End Time M T W TH F

Lunch: - Check days serving lunch:
Start Time End Time M T W TH F

Approximate number of meals requested: Breakfast: Lunch:

Will you need alternate meals due to **peanut allergies**? YES How many? NO

SECTION 3:



PLEASE READ: By typing my name on this document, I certify that to the best of my knowledge, all information is true and correct. Should this information change, I will notify Food & Nutrition immediately.

Print Name: Date:
MM DD YYYY

FOR DEPARTMENT OF FOOD AND NUTRITION USE ONLY

Summer School MDCPS Camp Agency Camp HS/United Way

ACTIVATED _____ MASTER LIST _____ FANS _____