

*If implementing a calendar that is different from K-12, please submit a copy of the preschool calendar.

Provide a separate sheet for each separate pre-school location.

Preschool location (provide address if located off campus):

Location of preparation of preschool meals: _____

Location of Breakfast meals served: _____

Location of Lunch meals served: _____

Which type(s) of preschool is being implemented:

____ ABC ____ HeadStart ____ EvenStart ____ District Coop ____ Private Pay Other

(please list): _____

Are preschool meals claimed through NSLP? ____ Yes ____ No

Claimed programs (Check all that apply)

____ SBP ____ NSLP ____ After-school Snack

Are preschool meal counts consolidated with specific school? ____ Yes ____ No

If so which site: _____

Contracted programs (check all that apply)

____ Breakfast ____ Lunch ____ AM Snack ____ PM Snack ____ After-school Snack

Ages served

____ Infant ____ Ages 1-2 ____ Ages 3-5

Preschool Start Date: _____

Preschool End Date: _____

Total number of preschool days served: _____