



2023-2024 At-Risk After School Program Site Info Sheet

Site #: _____

New Site: Yes or No

Site Name: _____

Site Address: _____
Delivery Address

City, State, Zip: _____

(If Needed)

Mailing Address: _____

City, State, Zip: _____

Site Phone Number: _____ County: _____

Center Contact Name(s)
& Phone Number(s):

Name & Phone # for Delivery Name Phone #

Center Contact D.O.B _____ (MM/DD/YYYY)

Center Contact E-Mail Address: _____

Alternate Phone Numbers:

Name & Phone # for Delivery Name Phone #

Name Phone #

Tax Status: For-profit Non-profit Public Other

Nearest School: _____

Age Range of Participants: From: _____ To: _____

Dates of Service: Beginning _____ /2023 - 2024 Ending _____ /2023 - 2024

Months of Operation: Jan: ___ Feb: ___ Mar: ___ Apr: ___ May: ___ Jun: ___

Jul: ___ Aug: ___ Sep: ___ Oct: ___ Nov: ___ Dec: ___

Days of Operation: Mon-Fri: ___ Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___ Sat: ___ Sun: ___

Hours of Operation: Time Open: _____ Time Close: _____

Meal Type	Start to End of Meal Service	Number of Meals
Breakfast	to	
Lunch	to	
Snack	to	1
Supper	to	1

Number of enrolled participants:

Free: _____ Reduce Priced: _____ Paid: _____ Total: _____