**Child Nutrition Program**

**New Site Application**

**Complete a separate new site application form for each site.**

Sponsor Number:

Sponsor Name:

Official Site Name:

(School Buildings Only) KSDE-Assigned Building Number:

(School Building Only) If no KSDE-Assigned Building Number indicated above, has a KSDE-assigned building number been requested?  Yes  No

Site Location (Address, City, County):

Site Type:

Public

Private For-Profit

Private Non-Profit

Program(s) Site will participate on:

School Nutrition Program (SNP)

Child and Adult Care Food Program (CACFP)

If site will participate in CACFP, indicate at least one site type below:

Child Care Center

Head Start

Outside School Hours Care

At-Risk Afterschool Meals/Snacks

Adult Day Care Center

Emergency Shelter

Summer Food Service Program (SFSP)

If site will participate in SFSP, indicate one Meal Service Type and Site Qualification.

|  |  |
| --- | --- |
| **Meal Service Type** | **Site Qualifications** |
| Congregate Meal Service | Conditional Non-Congregate |
| Non-Congregate Meal Service | Open |
| Hybrid (serves both congregate and non-congregate meals) | Open Restricted  Enrolled |
|  | Residential Camp |
|  | Non-residential Camp |
|  | Migrant |