

NUTRITION PLUS, INC.

SITE INFORMATION SHEET 2022-2023

Contact Information

Name _____
Mailing address _____ Zip code _____
Birthdate _____ Email address _____
Cell phone number _____ Alternate number _____
USD # _____ Nearest elementary school _____

Daycare Information

License number _____ Expiration date _____
Facility type (circle) License Group Tier (circle) Tier 1 Tier 2 Mixed Unknown
Income eligible (circle) Y N

Meal Times

Breakfast _____ A.M. Snack _____
Lunch _____ P.M. Snack _____
Dinner _____ Bedtime Snack _____

Business Hours

Days of the week daycare is open _____
Hours daycare is open _____

List any children (under age 13) living in the household and their birthdates

I certify that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Date Provider Signature Sponsor Signature

This institution is an equal opportunity provider