



Free and Reduced Lunch Application 2009 – 2010

(PLEASE TYPE OR PRINT IN INK)

Learning Center Name _____

Street Address _____

City, State, Zip _____

Phone _____

Learning Center Contacts

Director

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Manager (if Applicable)

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Kitchen Staff (server/counter)

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Kitchen Staff (server/counter)

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Backup kitchen staff

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Backup Kitchen Staff

Name _____ Title/Position _____

E-mail Address _____

Phone Number _____ Cell Number _____

Who will be in charge of the monthly recaps? _____

Have you visited the Free and Reduced Lunch website? Yes No

Are you able to send your kitchen staff and executive director to a two day mandatory FRL training?
Yes No

Have you had a health inspection done on your Learning Center? Yes No
(If yes, please include a copy of the certificate)

Please submit application to:
Hope Online Learning Academy
Attention: Melanie Stone
Fax: 720-246-1772