REQUEST FOR FOOD TO SERVE AT PARENT MEETING
(MEAL OR LIGHT SNACK)
(please submit request at least a week before the scheduled meeting)

Center:_____ Person making request:_____

Date of request:_____ Date and time of parent meeting:_____

Were the parents surveyed to get an estimate of the number planning to attend? ___yes
___no

What is the estimate of the number of parents attending?_____

Please circle the menu you are requesting to serve.

Light snack: Choice of three

Choice 1
vegetable tray
wheat crackers
vegetable dip
fruit juice or fruit juice punch

Choice 2
Cheese and cracker tray
Fruit juice or fruit juice punch
coffee

Choice 3
fruit tray
cheese
Fruit juice or
fruit juice punch
coffee

Meal: Choice of four

Choice 1
spaghetti
salad
bread
coffee
fruit juice or punch

Choice 2
Vegetable soup
Corn bread
Slaw
Coffee
fruit juice or punch

Choice 3
chili
Crackers or corn bread
Vegetable tray
Coffee
fruit juice or punch

Choice 4
pinto beans
slaw
cornbread
fruit tray
coffee
fruit juice or punch

Fax this form, along with the purchase order request form, to the Head Start office.

I:\APPS\REQFORFOODPARENTMTG.wpd