



# COMMUNITY SERVICES HEAD START ACTIVITY REQUEST FORM

Center: \_\_\_\_\_

Director: \_\_\_\_\_

Activity Request Date: \_\_\_\_\_

Planned Activity and Date of Activity: \_\_\_\_\_

Place: \_\_\_\_\_

Early Release:  Yes  No

**[ If yes, Give time]**

**Time of Release:**

Purchase Requisition Needed:  Yes  No

**(If yes, attach purchase requisition to request form)**

## Nutrition Information

Menu Change:  Yes  No

**{If yes, complete below section}**

**Payer Source:**  Head Start  USDA  Other

### Planned Menu for day of Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Campus Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nutrition Specialist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Service Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Curriculum Director Signature

\_\_\_\_\_  
Date

**Head Start Program Manager Initial: \_\_\_\_\_ Date: \_\_\_\_\_**