



**Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
Summer Food Service Program
ENROLLMENT INFORMATION**

At the beginning of each session, **residential camps** or sponsors with **enrolled sites** must submit actual enrollment figures for each site.

Name of Sponsor _____

Name of Site _____

Number of participants who qualify for free meals _____

Number of participants whose family size and
income exceed the guidelines for free meals _____

Total Enrollment _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of Federal funds. I understand that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Signature Title Date

Return this form to:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
Attn: Summer Food Service Program
P. O. Box 570
Jefferson City, Missouri 65102-0570