



TRI-COUNTY HEAD START

NUTRITION ACTIVITY REQUEST FORM

Center/Classroom _____

Date of Request _____

Date Requested Activity Scheduled _____
(must be at least two weeks after Date of Request)

Description of Nutrition Activity	Explain how the activity relates to Head Start Child Development and Early Learning Domains/Domain Elements.
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Supplies needed

Amount	Item

Teacher Signature _____ Date _____

Center Coordinator Signature _____ Date _____

Nutrition Coordinator Signature _____ Date _____

_____ Approved

_____ Date _____

Education Coordinator

_____ Not Approved