



BC SCHOOL FRUIT AND VEGETABLE NUTRITIONAL PROGRAM APPLICATION FORM

School Administration:

School District Number (i.e.: SD 36): _____

Official School **Full Name**: _____

School Phone Number: _____

Language (i.e.: English/French/French Immersion): _____

Grade levels in your school: Grade: _____ to _____

School website address: _____

(Program Requirement: Minimum Age 4, Kindergarten to Grade 12). Please note, +80% of your class must be Age 4+. Strong Start may be included if the classroom is located within the school building)

Physical Address:

Street: _____

City: _____

Postal: _____

Mailing Address (if different from above):

Street: _____

City: _____

Postal code: _____

Principal's name: _____

Principal's email address: _____

Principal's signature: _____

Yes, I have read and understood the above requirements and wish to apply.

Program Coordinator Details:

Coordinator name: _____

Coordinator email address: _____

Coordinator phone number: _____

Coordinator mobile/home phone number (optional): _____

**Coordinators will be emailed all notices, fruit and vegetable information, delivery alerts, policy notices, and program information.*

FOODSAFE Level 1 certified designate name: _____

FOODSAFE Level 1 certified designate email: _____

(A copy of a valid FOODSAFE Level 1 certificate must be attached in order to complete the application process)

School Details:

We are a September to June school

We are a 12 month year round school

We are a small satellite school; the name of our affiliate school is: _____

We are a 4 day/week school & our closed day is: _____

As a 4 day school, if a statutory holiday is on a Monday our school will be in session

Tuesday to Thursday

Tuesday to Friday

We are a First Nations School

Number of staff and teachers: _____ Number of students: _____

Number of classrooms: _____ Number of washrooms and kitchens: _____

+Milk Enrollment:

(120ml cups of milk will be delivered with the fruit and vegetable order)

Enroll

Decline Enrollment

*The fields below are required **only** if you choose to enroll in +Milk:*

Number of K-5 students: _____

Contact Details (if different from BCSFVNP Coordinator):

Coordinator name: _____

Coordinator email address: _____

Coordinator phone number: _____

Coordinator mobile/home phone number (optional): _____

**Coordinators will be emailed all notices, fruit & vegetable information, delivery alerts, policy notices, and program information.*

Application Deadline:

Please return this form ASAP. Please keep a copy of this form for your records, **then email** to the BCAITC Program office, **then mail** the original to:

BC School Fruit and Vegetable Nutritional Program
c/o BC Agriculture in the Classroom Foundation
202-2313 West Railway Street
Abbotsford, BC V2S 2E3
Email: help@aitc.ca

Thank you for your application.