



SECOND HARVEST FOOD BANK
Kids Cafe Monthly Report

Month: _____ Year: _____

Location: _____

Site Director: _____

Report Prepared By: _____ Date: _____

Month End Figures

Number of Meals Served: _____

New Children: _____

Describe Programming in the Past Month

◆ Nutrition, Health or Hygiene Education

◆ Regular Activities (tutoring, etc)

◆ Special Activities

Describe any Site Problems, Successes or Needs

This report must be faxed or mailed to Second Harvest by the 10th of the following month.
