



New England Food Foundation Inc.

Cape House Visitors Yearly Information Form

www.nefoodfoundation.org Tax ID# 04293503

Organization name _____

Mailing address _____

City _____ State _____ Zip Code _____

Contact Person: _____

Telephone: _____

E-Mail: _____

Do you give us permission to tag your organization in Facebook posts and in other social media?

Yes ___ No ___ Do you have any privacy requirements for your clients regarding social media posts? If so, please be specific _____

Type of Facility: Managed Care _____ Other _____

Children Present: ___ Year-Round ___ School Calendar ___ Summer only

Additional info _____

State Approved: Yes _____ No _____

Certification of Supervision:

Current Certified CPR and First Aid trained Yes _____ No _____

Current Life Guard Certified Yes _____ No _____

Managed Child Care Certification Yes _____ No _____

CORI Certified Yes _____ No _____

Liability Insurance for Personal Injury and Property Yes _____ No _____

Amount of Liability Insurance: \$ _____

Check if you would like to be notified of last minute cancellations

Signature _____ Date: _____