NORTHWEST NUTRITION SERVICE

MONTHLY CHILD DELETE FORM

Use This Form To Delete Any Children From Your Care.
Must Be Completely Filled Out.
Please Print.

PLEASE SEND THIS WITH YOUR MENU EACH MONTH IF YOU HAVE CHILDREN TO BE DELETED.

Provider #:_____

Provider Name: (Last, First) _____

Child # if online	Child's Name to be deleted (Last, First)	Last day child attended your daycare (mm\dd\yy)

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This institution is an equal opportunity provider.