# 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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**P.O. Box 68365 Milwaukie, Oregon 97268**
**(503) 653-7626 or 1-800-600-6058 Fax: (503) 653-1484**
**www.nwnutritionservice.com**
**e-mail: information@nwnutritionservice.com**

This institution is an equal opportunity provider.