



**Infant and Child
Nutrition, Inc.**

SCHOOL-AGER VERIFICATION FORM

DAY CARE PROVIDER'S (FIRST AND LASTNAME):

FIRST **LAST**

Student Information:

Child's Full Name: _____

Last First Middle

Child's Date of Birth: _____

Type of schooling:

- Distance Learning

- Virtual School

- Homeschool

My School-age child will be receiving childcare and meals from the above daycare home provider during school hours instead of attending a "Brick and Mortar" school.

Signature of Parent/Guardian

Date