

Nutrikids Deposit Form

Date: _____

Child's Name: _____

Parent's Name: _____

Amount of money to be deposited to this account: \$ _____

Please check all that apply:

- I will allow my child to use this money for breakfast purchases.
- I will allow my child to use this money for lunch purchases.
- I will allow my child to use this money for any snack purchases.
- My child may only purchase breakfast if I send cash that morning.
- My child has a food allergy (Please fill in below).
- My child may purchase only certain types of snacks (please list below).
- My child may only purchase snack foods on Friday.

Food Allergies: _____

What should we not allow your child to eat with this allergy? _____

Snacks Allowed: _____