



12808 West Airport Blvd Sugar Land. TX 77498

Please fill out this form and return with your reenrollments

Provider Information and Acknowledgement Statement of Enrollment and Parent Information

Provider: _____ # _____
Address: _____ City: _____ Zip: _____
Email: _____
Phone: _____ Alt Phone/Cell: _____

DISTRIBUTION PARENT INFORMATION

- Blank enrollment form with center name printed at the top
Income Eligibility Form (new state form dated December 2020)
Home Income Eligibility (IEF) Chart
Meal Benefit Income Eligibility Form Letter to Households
WIC Information-English & Spanish
Building for The Future- English & Spanish
Nondiscrimination Statement

I have received the parent material listed above and understand it MUST be distributed to all parents of current and future enrolled children. It is understood that the I must retain copies, on site, of all current Child Enrollment Forms as stated by Child Food Program of Texas and TDA Rules and Regulations. It is understood that I must not complete, fill in or alter any information for or provided by the parent on the Child Enrollment Form.

Provider Signature: _____ Date: _____