



by Minute Menu Systems **AND**
KENT REGIONAL 4C CACFP
AGREEMENT

Attention: Finance Department
233 E. Fulton, Suite 107
Grand Rapids, MI 49503
(800) 448-6995 * (616) 451-8281

For Office Use Only

Initials _____
Check/Conf # _____
E-mail Sent Y N
Kids Box Checked Y N

Please print clearly!

NAME

ADDRESS

CITY/ZIP

LICENSE/ID #

() _____
PHONE NUMBER

E-MAIL ADDRESS - REQUIRED

Include your \$10.25 non-refundable fee for Minute Menu Kids with this Agreement or your request will not be processed. Make your check payable to: Kent Regional 4C

Return this Minute Menu Kids Sign-up Agreement to the address above. Once it is processed, you will receive an e-mail welcome letter from Minute Menu Systems with the information you need to set up Minute Menu Kids on your computer. If you have any questions regarding your Minute Menu Kids account, please call your Child and Adult Care Food Program (CACFP) Specialist at 1(800) 448-6995 or (616) 451-8281.

I hereby authorize KENT REGIONAL 4C to open a Provider account for me in the Minute Menu Systems Minute Menu Kids program. I understand that the \$10.25 non-refundable fee I am paying entitles me to a copy of the Minute Menu Kids program. I understand that if I leave the Kent Regional 4C CACFP for any reason, my Minute Menu Kids account with Kent Regional 4C will be deleted. I agree that I will not reveal the terms of this Agreement to any party or share my access information to Minute Menu Kids. I agree that if the bank returns my check I will immediately reimburse Kent Regional 4C for both the amount of the check and any bank fees charged. I agree that it is my responsibility to verify that my CACFP menu has been submitted to KENT REGIONAL 4C on or before the 5th of the month.

PROVIDER SIGNATURE

DATE