

ALDINE SCHOOL NUTRITION ASSOCIATION

Aldine ISD School Nutrition Association (ASNA) will hold TASN Certification Workshop classes on November 04, 2023 and November 11, 2023.

The registration fee is:

TASN MEMBERS - \$35.00 Both Saturdays

TASN MEMBERS - SINGLE CLASSES - \$30.00 for one class only – (6 hours)

NON-MEMBERS - \$45.00 Both Saturdays

NON-MEMBERS – SINGLE CLASSES - \$40.00 for one class only – (6 hours)

Note: Registration Deadline is October 26, 2023. (No refunds after October 26, 2023 except for family emergency).

Check or money order **ONLY** – **Do Not Send Cash.** **Please list your member number, or indicate “non-member.”** A minimum of 25 people must be enrolled for the class to be taught so please list a **second choice.** Your money will be refunded if the class does not make. **No refunds** will be issued after October 26, 2023 except in family emergencies or due to class not making. If you do not hear from your Food Service Department, you will be in your first or second choice class.

LOCATION:

**Aldine Child Nutrition Center
1802 Aldine Bender Rd.
Houston, TX 77032-3097**

MEETING DATE:

SATURDAY, November 04, 2023

SATURDAY, November 11, 2023

MEETING

TIMES:

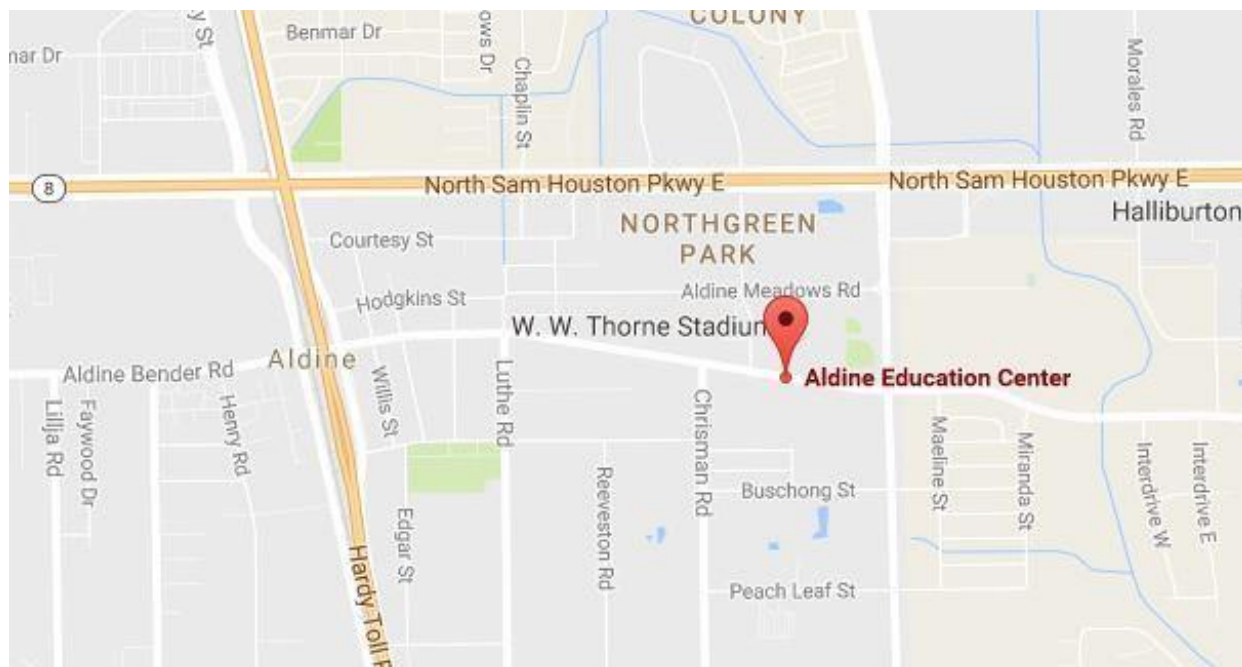
6-hour classes

Will be held from 8:00 a.m. - 2:30 p.m.

***LUNCH WILL BE INCLUDED IN THE COST OF REGISTRATION
SNACKS AND DRINKS CAN BE PURCHASED BEFORE CLASS AND DURING BREAKS***



SCHOOL MAP





**REGISTRATION FORM
ALDINE SCHOOL NUTRITION ASSOCIATION**

PLEASE PRINT

NAME: _____
LAST NAME
FIRST NAME
MIDDLE INITIAL

HOME MAILING ADDRESS:

STREET ADDRESS
CITY
STATE
ZIP CODE

SCHOOL DISTRICT OF EMPLOYMENT: _____ SCHOOL: _____

TELEPHONE # (WORK) _____ TELEPHONE # (HOME) _____

LOCATION:
Aldine Child Nutrition Center
1802 Aldine Bender Rd.
Houston, Texas 77032-3097

****Classes offered on both Saturdays as Part 1 & Part 2**

Saturday, November 04, 2023			Saturday, November 11, 2023		
PS Code	Selection	Course Description	PS Code	Selection	Course Description
1200 1400	Part 1	Level 1 Nutrition 101 6hrs. 8:00 a.m. – 2:30 p.m.	1200 1400	Part 2	Level 1 Nutrition 101 6hrs. 8:00 a.m. – 2:30 p.m.
2020 2310	Part 1	Level 2 Reimbursable School Meals & Food Safety (English) 6hrs. 8:00 a.m. – 2:30 p.m.	2020 2310	Part 2	Level 2 Reimbursable School Meals and Food Safety (English) 6hrs. 8:00 a.m. – 2:30 p.m.
2020 2310	Part 1	Level 2 Reimbursable School Meals & Food Safety (Spanish) 6hrs. 8:00 a.m. – 2:30 p.m.	2020 2310	Part 2	Level 2 Reimbursable School Meals and Food Safety (Spanish) 6hrs. 8:00 a.m. – 2:30 p.m.
3240 3450	Part 1	Level 3 Workplace Safety & Emergency Preparedness 6 hrs. 8:00 a.m. – 2:30 p.m.	2000	Part 2	Level 3 Workplace Safety & Emergency Preparedness 6 hrs. 8:00 a.m. – 2:30 p.m.
3200 3400 4100	Part 1	Level 3 or 4 Leadership Academy 6 hrs. 8:00 a.m. - 2:30 p.m.	3200 3400 4100	Part 2	Level 3 or 4 Leadership Academy 6 hrs. 8:00 a.m. - 2:30 p.m.
2000 3000	Part 1	Level 2 or 3 Basic Computer Class 6 hrs. 8:00 a.m. – 2:00 p.m.	2000 3000	Part 2	Level 2 or 3 Basic Computer Class 6 hrs. 8:00 a.m. – 2:00 p.m.

Liability and Indemnification Agreement: Each form must be signed by participant before registration can be processed.

I request that you accept me as a participant at the Texas Association for School Nutrition Certification Class. I understand there is some risk inherent in traveling to and from and as a result of attending classes. The undersigned hereby releases TASN and the committees, members, officers, employees, and directors of TASN, as well as other participants and other persons who may take part in said class from all liability for injury, death, and property damage that may be suffered in connection with such activities, whether due to negligence or otherwise, accepting such risks involved and waiving all rights of any kind that might otherwise arise. The undersigned agrees to indemnify TASN, its committees, members, officers, employees, and directors against all judgments obtained and against the cost of defense of such claims, including reasonable attorney's fees.

PARTICIPANT'S SIGNATURE _____ DATE: _____

MEMBERSHIP NUMBER _____ Amount Paid _____

Turn in your registration form and money to your Food Service Office or mail the completed registration form and registration fee to:

Aldine School Nutrition Association
Attn: Shannon Shephard-White
1802 Aldine Bender Rd. PHONE # 281-985-6400
Houston, Texas 77032-3097 FAX #281-449-1966