

Child Day Care Licensing

Alternate Nutrition Plan Agreement

Name of Facility: _____

Name of Child: _____

Indicate Special Dietary Requirements: Lunch

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

(Mark P for Parent Provides, or C for Center Provides)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	AM Snack	Noon Meal	PM Snack	Dinner	Evening Snack	Formula

Signature of Parent/Guardian

Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Signature of Owner/Operator

Date