

## ALTERNATE NUTRITION AGREEMENT

Young children are growing and the foods they eat are the material their bodies use to grow. The food a child eats affects his/her growth, energy, attitude, intelligence and general health.

NAME OF CHILD

\_\_\_\_\_

Indicate food allergies or special

problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs:

Breakfast

Lunch

PM Snack

Dinner

Evening  
Snack

I agree to discuss any questions with might develop in the use of the Alternate Nutrition Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver

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