

Child Day Care Licensing Alternate Nutrition Plan Agreement

Name of Facility: _____

Name of Child: _____ Age: _____

Indicate Special Dietary Requirements:

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

Breakfast

A.M. Snack

Noon Meal

P.M. Snack

Dinner

Evening Snack

Formula

Date

Parent Signature

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.

Date

Signature of Owner/Operator