



Name of Child: _____

Date of Birth: _____

LITTLE GARDENS/PARENT MEAL PLAN AGREEMENT

Here at Little Gardens we pride ourselves on serving nutritious and safe meals to children, and our food program is in compliance with New York State regulations. All children are eligible for the meal program and encouraged to participate in our healthy meals. We prepare and serve meals with nutritional value such as fruits, vegetables, grains, and protein. Beverages are in compliance with New York State Department of Health guidelines. Each month a meal plan will go home outlining our meals for the month. For the Full Day and Extended day programs, two meals and two snacks are provided daily. For the half day programs, one snack is provided. We are a peanut-free environment.

PERMISSIONS

Please initial each permission. This serves as an acknowledgement of our meal plan policies.

- _____ I understand my child is eligible for the meal plan program.
- _____ I understand that beverages served at Little Gardens are in compliance with New York State Department of Health guidelines
- _____ I understand children in the Little Gardens program are allowed to bring utensils, and sippy cups, and or bottles. All outside utensils, and sippy cups must be labeled with the child's first and last name.
- _____ I understand that I am responsible for feeding my child if he/she will be arriving to the program after the beginning/end of a meal.
- _____ I understand if my child requires a special diet a written letter from a doctor and an alternate nutrition plan is required.
- _____ I understand Little Gardens promotes healthy eating and drinking habits and does not permit children to sleep with bottles or sippy cups. Children are alert and awake while eating or drinking.

ALTERNATE MEALS AND BEVERAGES PERMISSIONS

- _____ I will provide my child with outside snacks, and or meals. I understand any foods provided must be free of nuts. This includes special occasion meals, treats, and or snacks.
- _____ I will provide my child with beverages (milk/juice/water) and understand all containers must be labeled with my child's first and last name.

Parent Signature: _____

Date: _____

Printed Name: _____