



Food Restriction Form

Today's Date: _____

Child's Name _____ Last First

Parent(s)/Guardian(s) _____

Email _____ Daytime Phone _____

Please circle Program:

Program: Half-Day Pre-K AM (Parent provides snack) Pre-K PLUS (Parent provides snack) School-Day Pre-K (Parent provides snack) Full-Day Pre-K (Breakfast /Snack) Kids' Club (PM snack) Club Mid (PM snack)

Location: Amerman Old Village Moraine Ridge Wood Silver Springs Thornton Creek Winchester Meads Mill

Days: M T W Th F

To provide your child with snacks that address food restrictions, please complete the following information and return to the Early Childhood Office prior to your child beginning in our program.

Please describe the medical or other special dietary needs that restricts the child's diet, i.e. food allergy and/or other special diet request.

Please check the box(es) if your child has an allergy to or specifically omits the food item from his/her diet:

NUTS & SEED

- Peanuts
Tree nuts
Seeds

DAIRY & EGGS

- All Dairy (includes milk, yogurt, and cheese)
Milk only
Products with milk baked in
Eggs
Products with egg baked in

BREAD PRODUCTS

- Gluten
Wheat only
Corn
Other - Specify:

MEAT PRODUCTS

- Shell fish
Fish
Chicken
Beef
Pork
Turkey

OTHER

- Dye - Specify:
Soy
Gelatin
Fruit or vegetable - Specify:
Other - Specify:

Parent's Signature _____ Date _____

For office use only
Start Date in Program _____
cc: Attendance Office Food Services Classroom