



Nutritional Information

Please Note: This information is required for all children enrolled in centers that participate in the Federal Food Program and must be updated annually each August.

Child's Full Name: _____
Enrollment Date: _____
Date of Birth: _____
Withdraw Date: _____

Days of Normal Attendance (please circle all that apply):

M T W T H F

Hours of Normal Attendance (ex. 7:00-5:00): _____

Meals and snacks normally served to the child while in care (please circle all that apply)

Breakfast Lunch PM Snack

Does your child have any special dietary needs? (please circle one) **Yes** **No**

If yes please explain: _____

Please Note: All allergies must have a physician's note on file that lists the food item that the child is allergic to.

Daytime Phone Number: _____
Parent/Guardian Signature: _____
Printed Name: _____
Date: _____