

# Meal Time

I \_\_\_\_\_ understand that my children **might** receive snacks, bottled water, or skim cow's milk provided by The Art of Play Early Learning Center. I have informed them of any and all allergies that my child has. I have provided them with a feeding plan if needed. If no feeding plan is provided, I allow the provider to use full discretion for any possible snacks and administration.

Initial \_\_\_\_\_

I \_\_\_\_\_ understand that I, the parent, must provide my child with breakfast, lunch, snacks, and additional beverages that will be refrigerated and may be warmed up in a microwave. All containers must be microwave safe.

Initial \_\_\_\_\_

My child, \_\_\_\_\_, has the following allergies: \_\_\_\_\_

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My child's meal plan is: \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Art of Play



Early Learning Center