



ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve of 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.

Indicate any Special Dietary Requirements:

(Mark "P" for Parent Provides, or "C" for Center Provides)

Breakfast

A.M Snack

Noon Meal

P.M Snack

Dinner

Evening
Snack

Formula

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", information on the INFLUEZA (FLU) VIRUS, information on "DISTRACTED DRIVER", and "RILYA WILSON ACT" and the parents are notified in writing of the "DISCIPLINARY PRACTICES" and "EXPULSION POLICY" used by the Child Care Facility/FCCH. The parent's/legal guardian's signature certifies receipt of the Child Care Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian

Date



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