



Table Food Instruction

I _____ (parent), authorize Hope Child Group Inc. program provider/staff to offer my child(children) an alternative choice of food during meal time due to medical, allergies and dislike reasons. We encourage children to eat nutritious food, but we do not force children to eat or finish meals at all. Please be advised that common cold, flu and teething might affect appetite, let us know if your child's eating schedule or preferences change at any time.

Respectfully yours,

Hope Child Group Day Care

Parent's/ guardian Signature: _____

Date: _____

Signature of provider: _____

Date: _____