

LUNCH & ALLERGY FORM

DATE / /

NAME OF CHILD _____

MEALS TYPICALLY SERVED WHILE IN CARE:
Breakfast, AM Snack, Lunch, PM Snack, Supper, Eve Snack

LUNCH

- I WILL BE ENROLLING MY CHILD IN THE MONTHLY LUNCH PROGRAM. A FEE OF **\$80.00** WILL BE ADDED TO THE MONTHLY TUITION.

- I WILL PROVIDE LUNCH FOR MY CHILD DAILY. IN THE EVENT THAT I FORGET TO SEND MY CHILD'S LUNCH I UNDERSTAND THAT THE SCHOOL WILL PROVIDE LUNCH AT A RATE OF **\$5.25 / DAY**.

ALLERGIES

PLEASE LIST CHILD'S ALLERGIES: _____

ACTIONS TO BE TAKEN: _____

PLEASE PROVIDE STARTING AHEAD ACADEMY WITH AN EIPEN IF ALLERGIES ARE SEVERE OR LIFE THREATENING.

CIRCLE ONE OF THE FOLOWING-
SEVERITY OF ALLERGIES: MILD MODERATE SEVERE LIFE THREATENING

PARENTS SIGNATURE _____

DATE / /