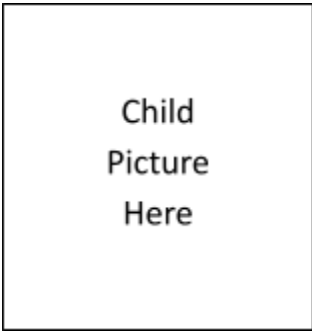




West Bloomfield PRESCHOOL ACADEMY

5810 Commerce Rd.
West Bloomfield, MI 48324



Documentation of Individualization for Food Service

(Use only if family is providing child's own food)

To Whom It May Concern,

I, _____, parent or guardian of,
_____, wish to provide food for my child. I understand the program provides the following meals for all enrolled GSRP children:

- Breakfast
- Lunch
- PM Snack

I have the option of utilizing the school's food service program, but I am choosing to send food for my child. I agree to provide appropriate meal replacements with healthy choices daily. I understand that food cannot be kept refrigerated or warmed in the microwave. **I will clearly label the bag/container daily with my child's first and last name, plus the date.** If my child comes to school without food, he or she will be given food according to what is on the posted menu.

My child's dietary needs/ restrictions are (check all that apply):

- Organic only
- Kosher
- Vegan
- Vegetarian
- Halal
- Allergic to: _____
- Other: _____
- Explanation:

I agree to the terms listed above.

Parent/Guardian Name

Parent/Guardian Signature

Date

Staff Member Name

Staff Member Signature

Date



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