



ALTERNATE NUTRITION PLAN

Child's Name: _____ Age: _____

Indicate Special Dietary Requirements:

I understand and approve 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:

(P – Parent Provides // C – Center Provides)

P	C	P	C
Breakfast	AM Snack	Lunch	PM Snack

___ Monthly Lunches \$75
 ___ Weekly Lunches \$20
 ___ Day of/Emergency \$5

Parent/Guardian Signature _____ Date _____

Miami Baptist School agrees to provide the parent with a suggested meal pattern, menus, and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Dr. Estelle C. Myers
School Administrator