

PARENTAL REQUEST FOR SPECIAL DIETARY NEEDS/CONDITIONS/RESTRICTIONS/MODIFICATIONS:

Child's Name:	Date:
Child's D.O.B	Classroom:
NW 151 Street, Miami Lakes, FL 33014 and must serve all meals/snacks/bevera ALL Food/Beverage substitutions/restr	ised that Jumpstart Child Enrichment Center located at 5765 participates in the USDA Child Care Food Program (CCFP) ges in accordance with the CCFP guidelines/requirements. ictions/modifications must be made in writing by the h special dietary needs/restrictions/conditions/modifications
If your child is not able to eat/drink certain food or beverage items, please list ALL RESTRICTIONS/MODIFICATIONS below:	
	ıted:
·	equired:
Signature of Parent	Date
	NY FOODS THAT ARE RESTRICTED AT ANY TIME RT CHILD ENRICHMENT CENTER, ALL

If you have any questions or concerns you may contact the Christina Montoto, Owner or Elisbel Ortiz, Director at 305-826-0555

MODIFICATIONS MUST BE SUBMITTED BY PARENT/LEGAL GUARDIAN IN WRITING.