Student Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**St. Paul CDS Food Preference Acknowledgment**

Please list any food preferences (dyes, gluten, etc.) below and sign acknowledging you agree to bring your child’s snack/treat to ensure your preferences are being met.

Snacks will be posted on the monthly calendar sent home to parents.

Any special events where snacks or meals are served will be communicated by the teacher and Director well in advance of the event.

|  |
| --- |
|  |

N/A

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Full Name                    Parent Signature                      Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Teacher