MEALS & SNACKS
ACKNOWELDGEMENT & AGREEMENT FORM

Child's Name:

Date: / /
(DD/MM/YYYY)

Parent/Guardian Full Name:

MEALS & SNACKS POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Little Sprouts Parent Handbook, including the Meals, Lunches, and Snacks Policy.

I understand the expectations regarding meals and snacks provided by the center, packed lunches from home, dietary restrictions, allergies, and healthy eating practices.

I agree to follow all guidelines as outlined in the handbook to ensure a safe and nutritious environment for all children.

By signing below, I confirm my understanding and acceptance of the Meals & Snacks Policy.

Child's Name:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____