

## Snack Agreement

I agree to send my child with a morning and afternoon snack each day that he/she attends St. Johns Presbyterian Kindergarten. If my child should come without I grant the school permission to provide one. If there are any special dietary needs or food allergies I have listed them below. Please indicate if you do not wish SJPK to provide your child with a snack.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do not wish SJPK to provide my child with a snack: \_\_\_\_\_.

