

Gottlieb Child Development Center 905 W. North Avenue, Entrance #17 Melrose Park, IL 60160 708-538-6871

Food Preference Form

Cultural/Religious/Vegan/Vegetarian Diets

A Member of Trinity Health

This form is required for any child who should not be served particular foods due to cultural/religious/vegan or vegetarian diets but **excluding medical causes** (i.e. allergies) or **personal preferences** (i.e. dislike of certain foods).

Whenever possible, the Center will provide vegetarian options or food substitutions. The choices available will vary. As permitted by licensing, families may bring their own food from home. Milk alternatives that are "nut-free" are permitted, but must be provided by the family.

In order to manage specific dietary needs, a child's photograph with the limitations must be posted in the classrooms and kitchen on a Food Preference Chart for staff to follow. I understand that the Center cannot guarantee that my child will not be exposed to a particular food, and that any changes to the preferences states below must be made by me in writing.

o my child's cult	ural/religious/vegan	or vegetarian die	et, I request t	hat my child is	not served th	ne following foo
T/GUARDIAN SIGNATUR	E			DATE		
	ate a food prefe		to permit	a food to be	e served to	your child
please co		owing.	•			
please co	mplete the follo	owing.	•			-
please co	mplete the follo	owing.	, a	cknowledge tha	t my child is	now able to ea
please co	mplete the follo	owing.	, a	cknowledge tha	t my child is	now able to ea
please co	served this item(s)	owing.	, a	cknowledge tha	t my child is	now able to ea

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