

ALTERNATE NUTRITION PLAN

Name of Child Care Provider: Brauser Maimonides Academy

Name of Child: _____

Date: _____ Address: 5300 SW 40 Ave Ft. Lauderdale, FL 33314

Dear Parent/Guardian:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious:
(Operator/Director checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack
- No meals or snack

The parent agrees to provide a nutritious:
(Parent checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Parent/Guardian Print

Parent/Guardian Signature

Roni Kurtz

Operator/Director Print

Operator/Director Signature