

# The Community School of West Seattle

## Food Preferences Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

CSWS is very conscientious about respecting individual family choices as well as providing an environment that is healthy and safe. That includes the food we serve. We make every effort to be able to include your child at every snack we serve. If after discussing these things with you and looking at all our options, CSWS is not able to provide the snack for your child, due to their restrictions or allergies we would ask that you supply a snack each day in a clearly labeled container that meets your own child's needs and those of CSWS as described in the family handbook in the section regarding food/snacks.

Does your child have any food preference or restriction? IE Vegetarian, Kosher, Dairy free etc... Do not include foods they don't 'like'!		
Please circle one:        YES-please continue with this form        NO-you do not need to continue.		
If YES what are they?		
Is this the same for the whole family?	YES	NO
Is this preference or restriction because of adverse reactions or allergies?		YES or NO
<b>If YES you must also complete the ALLERGY PLAN. Please ask the director for that form.</b>		
Would you be willing to share with us why your child and or family have the preference or restriction? For example; religious reasons, philosophical, lifestyle etc...		
If your child should consume something that is restricted or not preferred please tell us what we should do?		

Food Item that is restricted	Replacement	Notes

I understand that if any of these preferences and or restrictions is related to allergies that I MUST also complete the ALLERGY PLAN.

These preferences and restrictions ARE or ARE NOT related to allergies-*please circle one.*

Parent/Guardian Signature \_\_\_\_\_

Today's date \_\_\_\_\_