PALM BEACH COUNTY

SUPPLEMENT ENROLLMENT FORM

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ARTICLE XIII,A,8,a,PBC Rules require that parent must receive a copy of the Child Care Facility Brochure, “KNOW YOUR CHILD’S DAYCARE CENTER”.
2. ARTICLE XI,A,8,a,PBC Rules require that parents be notified in writing of the disciplinary practice used by the Child Care Facility. I have received in writing the disciplinary practices used by this Child Care Facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRTION PLAN AGREEMENT:
	1. Indicate special dietary requirements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and approve the use of the Alternative Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child’s nutritional dietary needs:

(Mark “P” for parents or “C” for center)

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

breakfast a.m. snack lunch p.m. snack dinner evening snack formula

I agree to provide the parent with a suggested meal pattern and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Owner/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date