

Little Praisers

Special Dietary Plan

Child's Name: _____ Date of birth: _____

Little Praisers provides a menu based on the State of Indiana's guidelines for children's dietary needs. If your child must deviate from that menu, please indicate which item below. If a substitute is required, you will have to provide that for your child.

Menu item that cannot be served: _____

Substitute(to be provided by parent/guardian): _____

Parent/Guardian Signature: _____ Date: _____