Helping Communities Help Children

Child and Adult Care Food Program
Parent Preference Statement Form
revised March 2019

Provider's name_____ Provider # _____

Parent/Guardian name: _____

Child's name _____ Child's date of birth _____

Parent/Guardian – please write below the non-disability special dietary need for your child, including foods not to be served and allowable substitutions. If applicable, please also state if you are choosing to provide foods.

Parent/Guardian Signature and Date	

This institution is an equal opportunity employer.