



**PARENTAL AGREEMENT FOR
NUTRITIONAL REQUIREMENTS, MODIFIED MEALS AND PACKED LUNCHES**

I, as custodial parent/guardian of the following child(ren), _____
enrolling at Sisu of Georgia, Inc., have read, understand and will abide by the NUTRITIONAL
REQUIREMENTS and DIETARY GUIDELINES/POLICIES throughout the duration of said child(ren)'s
enrollment in the program.

Initial each statement.

_____ I understand that I will provide a physician's note if my child has sensitivities, allergies,
and/or feeding risks that would require my child to have a modified diet or meal plan.

_____ I agree to have physician's note updated annually or as needed with dietary changes.

_____ I understand that Sisu must adhere to physician's note at all times and may not modify
from this order under any circumstances including center events and activities.

_____ I understand that it is my responsibility to provide physician and Bright From the Start
approved alternatives if my child has food sensitivities, allergies, and/or feeding risks that
require me to provide food.

_____ I acknowledge that this is a regulated requirement of Sisu's licensing agency and
noncompliance may result in disciplinary action by the state against Sisu.

_____ To maintain compliance at all times, Sisu will provide missing snack or lunch
components to my child at a fee of \$1.00 PER component that was supplemented in accordance
with physician statements and Nutritional Requirements.

Signature of custodial parent/guardian: _____ Date: _____

Signature of enrollment staff member: _____ Date: _____

For Office Use Only

Birth to Three Student Parent Choice Allergy/Sensitivity Feeding Risk ALL food from home