

**Merrimack Valley YMCA  
Methuen / Lawrence Branch  
School Age Child Care Program  
Summer Program Service Agreement 2020**

Child's Name: \_\_\_\_\_ Age of Child Entering Program: \_\_\_\_\_

I am registering my child for the following YMCA School Age Summer Child Care Program(s). **Please circle weeks in the appropriate box.**

| Weeks 1 – 4<br><small>1<sup>st</sup> Week tentative on the last day of school</small> | Weeks 5 - 8             | Weeks 9 - 12<br><small>Last week tentative on the 1<sup>st</sup> day of school</small> |
|---------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------|
| 06/15 06/22 06/29 07/06                                                               | 07/13 07/20 07/27 08/03 | 08/10 08/17 08/24 08/31                                                                |

I understand the cost of the program is \$203.50 per week (\$162.80 week of July 4<sup>th</sup>). We will be closed Friday July 3<sup>rd</sup> 2020. Once enrolled in the program, you will be required to pay two week's tuition in advance and understand that payment is due on or before Friday of the week prior to services. Once enrolled, NO deduction or credit for individual absences will be given.

A general youth YMCA general membership is given to my child and is valid during the time that my child is enrolled in the School Age Summer Child Care Program. There is a 2 day minimum, limited availability, at the Directors discretion.

***In addition as the parent/guardian, I understand and agree to:***

- Pay a late pick up fee of \$1.00 per child each minute after the program ends at 6pm, you exceed you part time hours per day (6) or full time hours per day (10).
- Pay my weekly tuition fee one week in advance of service. Payment is due on or before Friday for the following week. Pay 2 weeks in advance if paying biweekly. A \$25.00 late fee will be applied to my delinquent account.
- Pay a \$20.00 charge for any check that is returned from the bank. (Check must be replaced with a certified check or money order.)
- Provide the program with all completed registration forms and a completed, up to date health form.
- Update registration information as needed. (Example: New phone number, change of address, allergies, etc.)
- Call the program prior to its start time if my child is going to be absent.
- Abide by the guidelines stated in the parent handbook.
- NO deduction or credit for individual absences will be given. This includes any holidays or approved closures as indicated in this application.
- Provide a two-week written notice to change my child's scheduled days or to cancel my child out of the program; the two-weeks begin the day the notice is received. I understand that I am responsible for payment during this period.

***The YMCA SACC Program Agrees to:***

- Uphold Massachusetts EEC Regulations.
- Uphold all YMCA guidelines.
- Provide two nutritious snacks each day.
- Provide trained, qualified staff.
- Provide supervised social, educational, and recreational activities.
- Provide advanced notice of fieldtrips.
- Keep all information about children and families in confidential files, to be released only with permission of the parent/guardian.
- Provide the parent/guardian with community health and social service information upon request.

***Required Documents for Registration:***

- Copy of parent's photo ID (Both picture ID for 2 Parent Household)
- Copy of all children's birth certificate in household
- Copy of child's social security card
- Recent physical & immunizations
- Recent photo of child

After reading the YMCA SACC Parent Handbook and reviewing the highlighted policies above, I agree to the conditions of this service agreement. I understand that the YMCA reserves the right to amend this agreement upon written notification. I also understand that the YMCA reserves the right to dismiss my child if his/her actions or behavior interferes with the safety and/or enjoyment of planned activities. I agree to familiarize myself and my child with the information contained in the handbook as well as the YMCA rules and understand that it constitutes the policies and guidelines of the YMCA SACC Program.

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

\_\_\_\_\_  
Intake Worker's Signature Date

*Please select site:*

Lawrence     Andover/ N. Andover     Methuen

Child's Name: \_\_\_\_\_ Grade Entering In 2020: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ School: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone# \_\_\_\_\_  
**Reachable during program hours**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone# \_\_\_\_\_  
**Reachable during program hours**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer City: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**Emergency Contacts (EC) and alternative pick up Person (APP):** You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for identification from anyone unfamiliar to us. \* **If a child is protected by a restraining order please submit a copy to the Child Care.**

#1 Contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ or \_\_\_\_\_  
**EC \_\_\_ APP \_\_\_**

#2 Contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ or \_\_\_\_\_  
**EC \_\_\_ APP \_\_\_**

#3 Contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ or \_\_\_\_\_  
**EC \_\_\_ APP \_\_\_**

#4 Contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ or \_\_\_\_\_  
**EC \_\_\_ APP \_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Merrimack Valley YMCA**  
**Emergency Card Information**  
*Please select the branch you will receive child care from*

Andover/No. Andover

Lawrence

Methuen

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

Child's Home Address: \_\_\_\_\_  
Street City/State Zip

**Parent/Guardian Information**

|             |    |                |    |
|-------------|----|----------------|----|
| Name:       |    | Relationship:  |    |
| Address:    |    | City/State/Zip |    |
| Telephone # | H: | C:             | W: |
| <hr/>       |    |                |    |
| Name:       |    | Relationship:  |    |
| Address:    |    | City/State/Zip |    |
| Telephone # | H: | C:             | W: |

**Emergency Contact Person(s)**

|             |    |                |    |
|-------------|----|----------------|----|
| Name:       |    | Relationship:  |    |
| Address:    |    | City/State/Zip |    |
| Telephone # | H: | C:             | W: |
| <hr/>       |    |                |    |
| Name:       |    | Relationship:  |    |
| Address:    |    | City/State/Zip |    |
| Telephone # | H: | C:             | W: |

**Pediatrician or Source of Health Care**

|                |  |                |  |
|----------------|--|----------------|--|
| Doctor's Name: |  | Phone #:       |  |
| Address:       |  | City/State/Zip |  |

Medical Conditions/Allergies \_\_\_\_\_

**The following people are NEVER allowed to pick up my child (if this is a custody issue, you must provide the Child Care Director a copy of court documents.):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency Medical Authorization**

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide basic first aid and/or CPR/AED treatment to my child, \_\_\_\_\_, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

## Medical Information

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any chronic conditions, dietary restrictions, or medications:  
\_\_\_\_\_

List any allergies, reactions and treatment:  
\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If yes, please attach: \_\_\_\_\_

Does your child have an Individual Health Plan (for children with a chronic health condition)? \_\_\_\_\_  
If yes, please attach

Do you have a custody agreement, court order, and/or restraining order pertaining to the child? \_\_\_\_\_  
If yes, please attach

### **Identifying Information:** **(Please attach a current photo of your child)**

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Is there any documentation of a physical exam, immunization records, and lead screening on file at your school?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

I give permission for my child to go for walks and to neighboring playgrounds:  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give permission to the YMCA to public my child's name and photograph in YMCA brochures, newspaper or other publications.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give my permission for my child to attend instructional classes and/or recreational swims at the designated Merrimack Valley YMCA Branch. [Lawrence/Andover/North Andover Only]  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

I give permission to the Merrimack Valley YMCA Staff to speak and/or exchange documents concerning my child with school personnel.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Initial: \_\_\_\_\_) Date: \_\_\_\_\_

# Transportation Plan

---

Any other transportation request must be stated in writing and maintained in the child's file or the following must be implemented. This transportation information is valid for the entire summer unless we are notified otherwise by the parent/guardian in writing.

## During Summer

Not exceeding 10 hours per day for Full Time Child Care

**MY CHILD WILL ARRIVE AT THE PROGRAM BY:**

**MY CHILD WILL DEPART FROM THE PROGRAM BY:**

\_\_\_ PARENT DROP OFF

\_\_\_ PARENT PICK UP

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\*Please provide name of company, phone #, and copy of agreement

---

---

Parent/Guardian Signature

Date



**MERRIMACK VALLEY YMCA  
CHILD CARE PROGRAM  
AUTOMATIC WITHDRAWAL AUTHORIZATION**

**Automatic (Debit/Credit card or EFT) Withdrawal Information**

Name of Child/Children: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Please check one of the following:**

Visa  MasterCard  American Express  Discover  EFT – **MUST** attach a voided check

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Daytime Phone: \_\_\_\_\_

- I (we) authorize the YMCA to initiate recurring debit entries/credit card charges to the above referenced bank/credit card account. I understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered.
- I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may at its discretion; adjust the debits/charges according to the fees incurred.
- Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date. EFT returns are subject to \$20 banking fee.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.
- Automatic withdrawals will be processed on the **Due Date**. The first withdrawal will be processed on

\_\_\_\_\_. Frequency  Weekly  Biweekly  Monthly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# YMCA Child Care Door Access Code Form

Every family, whose child attends child care, will select a 4-digit family pin code to enter/gain access the child care wing. You and your child's emergency adult pick-ups will use your individual pin code to enter the child care wing.

When you designate an alternative adult pick-up, please share your updated code with them so that they can access the classrooms for pick-up. Please do not hand out pin code to unauthorized pick-ups.

The pin code will deactivate after the closure of the program, weekdays and weekends cutting off access to the child care entrance, and will reactivate when the program reopens.

Child(ren)'s Names: \_\_\_\_\_

Your self-selected 4-digit family pin: \_\_\_\_\_

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

\_\_\_\_\_  
Date



## BOATHOUSE PERMISSION FORM SUMMER 2020

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies/ Medical Conditions: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to go to the Lawrence Boat House every Friday starting June 26<sup>th</sup> – August 21<sup>st</sup>. I will also give permission for my child to be transported by bus to all field trips from the Lawrence YMCA. I hereby give permission for the staff and volunteers of the Lawrence branch, to provide simple first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to the nearest hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendant to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand the YMCA personnel will contact me as soon as possible regarding any emergency involving my child.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

We will be leaving the YMCA at 10:45am and will return before 4:00pm. We will have lunch at the boat house which is located on **1 Eaton St. Lawrence, MA 01843**. Please have your child wear their bathing suit to the YMCA. They will be sailing on boats with staff and if older children pass the swim test they will be able to take a kayak out with a staff person. A life vest must be worn at all times while in the water.

\* Please make sure to put sunscreen on your child before they get to the YMCA.





## PERMISO DE TRANSPORTACIÓN Y NATACIÓN VERANO 2020

Nombre del Niño/Niña: \_\_\_\_\_

Dirección: \_\_\_\_\_

Fecha de nacimiento: \_\_/\_\_/\_\_\_\_

Contacto de Emergencia: \_\_\_\_\_

Alergias/Condiciones Medicas \_\_\_\_\_

Yo doy permiso para que mi hijo \_\_\_\_\_, pueda asistir al Lawrence Boathouse cada viernes comenzado el 26 de Junio hasta el 21 de Agosto. También le doy permiso a mi hijo para ser transportado en autobús al Lawrence Boathouse desde la Lawrence YMCA. Yo doy permiso que el personal y los voluntarios de la YMCA de Lawrence, puedan proporcionar tratamiento simple de primeros auxilios a mi hijo cuando sea necesario, y en el caso de una enfermedad o lesión más grave, le doy permiso a mi hijo/hija para ser transportados al hospital o centro médico más cercana para recibir tratamiento médico de emergencia. También autorizo a los asistentes de la ambulancia o escuadrón/rescate para administrar tratamiento cuando sea necesario por razones médicas, y autorizo a profesionales de la salud con licencia que trabajan en el centro médico del hospital o de emergencia para examinar y proporcionar tratamiento médico de emergencia para mi hijo si se justifica. Entiendo que el personal de la YMCA de Lawrence se pondrá en contacto conmigo tan pronto como sea posible con respeto a cualquier emergencia relacionada con mi hijo. Voy a mantener indemne al Merrimack Valley YMCA.

\_\_\_\_\_  
Firma de Padre/ Guardián

\_\_\_\_\_  
Fecha

Nos iremos de la YMCA de Methuen a las 10:45am. Regresamos a la YMCA de la Methuen antes de la 4:00pm. Vamos a tener almuerzo en el Boathouse que está localizado en la **1 Eaton St. Lawrence, MA 01843**. Por favor asegúrese que su niño tenga su traje de baño. Los niños navegaran barcos con la supervisión del personal de la YMCA, y si su niño más grande pasa la prueba de nadar, ellos podrán tomar un kayak con supervisión. Un salva vida debe ser usado siempre mientras que estén en el agua. \*Por favor asegúrese de que su niño tenga anti solar puesto antes de llegar a la YMCA.

\* Asegúrese de poner protector solar en su hijo antes de que lleguen al YMCA.

# ACCOMMODATIONS CHILD NUTRITION PROGRAMS

## INSTRUCTIONS

**Note:** According to 7 CFR, part 226.20 food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person completing the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition is affected by the disability. For example: "Allergy to peanuts causes a life-threatening reaction."
10. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
11. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
- 12A. **Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude peanut butter."
- 12B. **Available/Acceptable Substitutions:** List the available or acceptable substitution foods to include in the diet. For example, "sunflower seed spread."
13. **Modifications to Meal Service:** Describe specific equipment required, or modifications necessary to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, one-on-one support, etc.)
14. **Signature of Preparer:** Signature of person completing form.
15. **Printed Name:** Print name of person completing form.
16. **Telephone Number:** Telephone number of person completing form.
17. **Date:** Date preparer signed form.
18. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
19. **Printed Name:** Print name of medical authority.
20. **Telephone Number:** Telephone number of medical authority.
21. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. **(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act Amendments Act of 2008).** Information regarding the ADAAA, which expanded the definition of disability, can be found at:

<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>

**MEDICAL STATEMENT TO REQUEST  
CHILD NUTRITION PROGRAMS  
SPECIAL MEALS AND/OR ACCOMMODATIONS**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|----------|-------------------------------|----------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. School/Agency Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Site Name                                 | 3. Site Telephone Number |          |                               |                                              |       |       |       |       |       |       |       |       |
| 4. Name of Participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | 5. Age or Date of Birth  |          |                               |                                              |       |       |       |       |       |       |       |       |
| 6. Name of Parent or Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 7. Telephone Number      |          |                               |                                              |       |       |       |       |       |       |       |       |
| <p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability, <b>which may include a food allergy</b>, and requires a special meal or accommodation. Schools and agencies must make reasonable modifications to the meal to accommodate a disability which restricts a participant's diet. Modifications during and for food service may be required. Schools and agencies participating in federal nutrition programs must comply with requests for special meals. <b>A licensed physician, physician's assistant, or nurse practitioner must sign this form.</b></p> <p><input type="checkbox"/> Participant does not have a disability, <b>but is requesting a special accommodation for a fluid milk substitute</b> that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>Food preferences are not an appropriate use of this form.</b> Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <b>A licensed physician, physician's assistant, nurse practitioner, parent, or guardian may sign this form.</b></p> |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| 9. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| 10. DIET PRESCRIPTION AND/OR ACCOMMODATION: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| <p>11. Indicate texture:</p> <p><input type="checkbox"/> Regular                      <input type="checkbox"/> Chopped                      <input type="checkbox"/> Ground                      <input type="checkbox"/> Pureed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| <p>12. Schools and agencies are not required to provide the exact substitution or other modification requested. However, must offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the federal nutrition programs.</p> <p>Foods to be omitted and available/acceptable substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>A. Foods To Be Omitted</b></td> <td style="width: 50%; border: none;"><b>B. Available/Acceptable Substitutions</b></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>         |                                              |                          |          | <b>A. Foods To Be Omitted</b> | <b>B. Available/Acceptable Substitutions</b> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <b>A. Foods To Be Omitted</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>B. Available/Acceptable Substitutions</b> |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                        |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                        |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                        |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                        |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| 13. Modifications to meal service:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                          |          |                               |                                              |       |       |       |       |       |       |       |       |
| 14. Signature of Preparer*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Printed Name                             | 16. Telephone Number     | 17. Date |                               |                                              |       |       |       |       |       |       |       |       |
| 18. Signature of Medical Authority**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19. Printed Name                             | 20. Telephone Number     | 21. Date |                               |                                              |       |       |       |       |       |       |       |       |

\*Parent/legal guardian signature is acceptable for fluid milk substitution for a child with dietary needs other than a disability.

\*\*Medical Authority's signature is required for participants with a disability.

The information on this form should be updated to reflect any changes to the current medical and/or nutritional needs of the participant, and updated annually.