



## **The Growing Place Nutrition Opt-Out Form**

I \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Guardian- Print Name) (Child's Printed Name)

will provide all meals, snacks, and drinks for my child. I recognize that The Growing Place will not provide supplemental meals or snacks for my child during the school day. Since I have opted-out, if I do not provide all the meals, snacks, or drinks for my child, I understand that I will need to return to The Growing Place with adequate food for my child to have during the school day.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date