

Food Agreement

I	, agree to have my child
parent's name	child's name
eat the food <i>Small Tales</i> provid	es for breakfast, AM Snack, Lunch and PM Snack.
I understand that Small Tales p	articipates in the Child and Adult Care Food
Program and meals will consist	of nutritionally-based foods and a variety of foods,
as well.	
Parent's signature	Date
Provider's Signature	Date

99 River Street Warrensburg, NY 518-623-0044 Smalltaleselc.org