

1968



2018

LAKE PARK BAPTIST SCHOOL
2018-2019 Registration Packet

Dear Parents,

Thank you for your interest in our school! We are pleased to say that this will be our 50th year of Christian Commitment and Academic Excellence. Our school mission is to promote the spiritual, intellectual, emotional, social, and physical development of the young people entrusted in our care. We consider it a privilege to be your choice for the academic and spiritual growth of your student!

We are currently accepting registrations for the 2018-2019 school year. To secure your child's placement, please complete the enrollment packet and return it to our school office with your application fee. An appointment will be scheduled at your convenience for grade-level placement.

Your enrollment packet includes the forms required for registration. If you have any questions regarding enrollment, let us help you in the process. We look forward to having you and your child in our school, and we welcome you to Lake Park Baptist School.

Yours in Christ,

Mrs. Carol Hyatt

Mrs. Carol Hyatt

Principal



Lake Park Baptist School
Strong Roots ❖ New Growth

New Student Registration-Getting Started

1. Please review the Tuition & Fee Schedule for the 2018-2019 school year.
2. Complete the Student Application. *
3. An appointment will be scheduled at your convenience for testing to determine grade placement for your child. Submit testing fee.*
4. Review and sign the Financial Contract. Submit Registration Fee.*
5. Complete the Medical Information Form.*
6. Complete the Extended Care Registration Form, if needed. Submit Extended Care Registration Fee.
7. Include a Recommendation Form from a Teacher/Administrator at your current school.
8. Please read the brochure, "Know your Child Care Facility," for Preschool-3 and PK-4 families.
9. Complete the Enrollment Form #2 (Preschool-3 - PK-4). Signatures are required on both sides of the form.
10. Complete the Notarized Authorization to Consent to Treat a Minor. A Notary is available in the school office to assist you.*
11. Provide a copy of the Birth Certificate.*
12. A School Physical is required to be completed within the past 12 months. The School Physical is to be on Form DH 3040, and it must be the original.
13. Provide an original up-to-date Florida Certificate of Immunization on DH 680.
14. Submit a recent dental exam. Any form is acceptable from your dentist.

***Required at the time the application is submitted.**

Please return your Enrollment Packet to the School Office. Thank you.



Lake Park Baptist School
Strong Roots * New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 Tuition & Fee Schedule

PreSchool-3

TUITION

School Day, Half Day (8:30am-12:00pm)	\$4500
School Day (8:30am-3:00pm)	\$7500
Full Day (7:00 am-6:00pm)	\$8200

*Ten month tuition plan payments begin August 1, 2018.

REQUIRED FEES

Registration	\$300
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EXTENDED CARE

Registration Fee: \$40

Morning Care: 7:00am-8:00am

- **Annual Rate:** 1 Child-\$500, 2 or more-\$850 | **Daily Rate:** 1 Child-\$5, 2 or more-\$8

After School Care: 3:00pm-6:00pm

- **Annual Rate:** 1 Child-\$1800, 2 Children-\$3200, 3 or more-\$4100 | **Daily Rate:** 1 Child-\$15, 2 children-\$20, 3 or more-\$25

OTHER FEES

Uniforms	PS3 children are not required to wear a school uniform. Dress Code guidelines are outlined in the LPBS Handbook.
Returned Check Fee	\$40
Late Charge*	\$30 * <i>Applied 10 days after due date</i>

- ❖ Registration fee includes textbooks, testing materials, student insurance, including catastrophic insurance.
- ❖ Must be 3 years old and **potty-trained**.
- ❖ Active, regularly attending, financially contributing members of the First Baptist Church of Lake Park receive a \$500 discount per child annually.
- ❖ Multiple Sibling Discount:
 - Full price for the oldest student
 - \$500 annual discount for the 2nd student
 - \$1,000 annual discount for the 3rd student
 - Free for the 4th student.
- ❖ There is a referral discount of \$1,000 available for students not receiving any other discounts. Other restrictions apply. A referral form is available in the school office.

LAKE PARK BAPTIST SCHOOL 2018-2019 ENROLLMENT FORM

Admission Information		
Present Grade Level:	Grade Applying For:	<input type="checkbox"/> PS3 - School Day, ½ Day (8:30 am - 12:00pm)
Comments:		<input type="checkbox"/> PS3 - School Day (8:30 am – 3:00 pm)
		<input type="checkbox"/> PS3 - Full day (7:00 am – 6:00 pm)
		<input type="checkbox"/> Voluntary Prekindergarten (8:30 am – 12:00pm)
		<input type="checkbox"/> PreK Extended Day (12:00 – 3:00 pm)
		<input type="checkbox"/> K <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth
		<input type="checkbox"/> Fifth <input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth

Student Demographic Information		
Last Name:	First Name:	Middle Initial:
Address:		City, State, Zip:
Phone:	Email:	
Date of Birth:	Ethnicity:	Last Four SSN:
Place of Birth:	Gender:	

Student Medical Information		
Physician		
Name:	Address:	Phone:
Dentist		
Name:	Address:	Phone:
Insurance		
Company	Group Number	Policy Number
Preferred Hospital:		
Allergies:		

Family Information			
Parent/Guardian One:			
Full Name:	Relationship to Student:		
Lives with student?	Y	N	Address:
Financially Responsible?	Y	N	City, State, Zip:
Should receive School Correspondence?	Y	N	Home Phone:
ParentWeb enabled for this person?	Y	N	Cell Phone:
Church Attending:	Work Phone:		
Occupation:	E-mail 1:		
Company:	E-mail 2:		
Parent/Guardian Two:			
Full Name:	Relationship to Student:		
Lives with student?	Y	N	Address:
Financially Responsible?	Y	N	City, State, Zip:
Should receive School Correspondence?	Y	N	Home Phone:
ParentWeb enabled for this person?	Y	N	Cell Phone:
Church Attending:	Work Phone:		
Occupation:	E-mail 1:		
Company:	E-mail 2:		

Emergency Contact Information		
In an emergency, Lake Park Baptist School will contact parent/guardian one and/or two using the information listed in the Family Information Section.		
In the event Lake Park Baptist School is unable to contact the parents/guardians listed in the Family Information Section, the emergency contacts below will be notified.		
Emergency Contact One		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:
Emergency Contact Two		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:
Emergency Contact Three		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Pickup Information		
Parent/Guardian one and/or two (listed above) has pickup rights for this student. Other adults who are not listed above must be on the pickup list below in order to pick up this student.		
Pickup One		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:
Pickup Two		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:
Pickup Three		
Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Custody Information			
IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW.			
A.	Is there a Court Order barring either parent from removing the student from the school?	YES	NO
B.	Do Parents have shared (or joint) parental rights and responsibility? If no, please provide the school with a copy of the Court Order which limits either parent's parental rights or responsibility regarding the student.	YES	NO
C.	Does either parent have a final decision making authority regarding educational decisions for the student? If yes, please provide the school with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.	YES	NO
D.	Is there a Temporary Restraining Order, Permanent Restraining Order, Order No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, please provide the school with a copy of the applicable Court Order.	YES	NO

Education Information	
School attended last year:	
Have all financial obligations been fulfilled at the school listed above?	YES NO
A recommendation letter from a current or previous teacher, guidance counselor, or school principal may be requested upon testing.	
Reason for leaving current school?	

How did you hear about our school? Internet Friend LPBS Website Postcard Daycare: _____
 Event: _____ Other: _____

Has the applicant received any type of tutoring or therapy? If so, please explain:

Has the applicant ever repeated a grade level? If yes, please indicate grade repeated and why:

Has the applicant ever been treated for any nervous, mental, or emotional disorder? Please explain.

Does the applicant exhibit any kind of rebellion toward parents or others in authority? Please explain.

If any answer is affirmative and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

Our Agreement Together

We agree that it is our responsibility to read and understand the Lake Park Baptist School student handbook(s) and will abide by its policies and guidelines.

We give the school permission for my child to take part in all school activities, including sports activities, and school-sponsored trips away from the school premises.

We give permission for our student's photograph to be used on the LPBS website, in the yearbook, and in any promotional or advertising materials.

We further agree to hold the school and its agents harmless for any liability to my child, guardian, or parent because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child.

Should legal action, for any reason, be taken against LPBS or any employee or agent on my child's behalf and/or the school, or an LPBS agent not be found at fault. Also, we agree to pay any attorney fees, damages, or other costs that the school or its agent incur to defend itself against such action.

We agree to uphold and support the high academic standards of the LPBS by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that in order for our child to make good progress in his/her work, it is essential that he/she have confidence in his/her teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards.

We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful, Christian spirit will register complaints with the teacher and/or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This state of cooperation will be in effect for as long as my child(ren) attend the school.

Father Signature: _____

Date: _____

Mother Signature: _____

Date: _____

Lake Park Baptist School, in accordance with U.S.C.2000(d), does not discriminate on the basis of race, color, or ethnicity.



Lake Park Baptist School
Strong Roots & New Growth

LAKE PARK BAPTIST SCHOOL
2018-2019 Financial Contract & Statement of Cooperation
PreSchool-3

In this Parent Contract and Statement of Cooperation between Lake Park Baptist School and Mr. and Mrs. _____, the parents (or guardian) of _____ (name of student), agree to the following stipulations:

1. We understand that the Registration Fee is to accompany the enrollment papers. Registration Fees are non-refundable. LPBS tuition is divided into ten (10) equal installments to be paid on the 10th of the month.
2. We understand that if payments are not paid within ten (10) days after the due date a \$30.00 late charge will be applied to our account; and furthermore, we understand there will be a \$40.00 charge for any checks the bank may return to the school.
3. After two returned checks, the bookkeeping department will only receive cash, money orders, or cashier's checks for all school fee payments.
4. If more than two payments are delinquent, our child(ren) will not be permitted to remain in school unless previous arrangements have been made with the bookkeeping department. The school is completely dependent upon the tuition payments for its operation, and it is very important that payments are received promptly when due. The School is unable to assume this financial responsibility. If your child is transferred, dismissed, or withdraws from the school for any reason, you will be charged the full month's tuition even if your child has attended only one day or part of the month.
5. Withdrawals: Parents withdrawing students from school MUST complete the withdrawal process through the school office. Written notice is required for withdrawal from all programs. No records will be transferred and report cards will not be released if there is an outstanding balance due on your student's account.
6. Parents are responsible to read, understand, and sign that you have read the Parent Handbook of LPBS. A copy will be provided at the beginning of the school year.
7. If legal action is required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



Lake Park Baptist School
Strong Roots & New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 School Year Medical Information

Child's Name _____ Age _____ Grade Entering _____

Family doctor in case of emergency _____ Phone _____

Family dentist in case of emergency _____ Phone _____

Hospital of choice _____

Insurance Company _____ Policy # _____

Yes **No**

- ___ ___ Do you have concerns about your child's general health (eating, sleeping, weight, teeth, etc.)?
- ___ ___ Does your child have any other specific illness or impairment which may affect activities or progress?
- ___ ___ Does your child have any allergies (food, insects, medication, etc.)?
- ___ ___ Does your child take any medication (daily or occasionally)?
- ___ ___ Does your child have any problems with vision, speech, or hearing (glasses, contacts, ear tubes)?
- ___ ___ Has your child had any hospitalizations, operations, or major illness (specify problem)?
- ___ ___ Has your child had any significant injury or accident (specify problem)?
- ___ ___ Would you like to discuss anything about your child's health with the school nurse?

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.)

Signature _____ Date _____



Lake Park Baptist School

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AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) guardian(s) of _____,

a minor, do hereby authorize Lake Park Baptist School as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or specific supervision of any licensed physician and/or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

CHILD'S FULL NAME _____

BIRTHDATE _____ **SCHOOL** _____

ALLERGIES TO DRUGS OR FOODS _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION _____

AUTHORIZATION

DATED _____

FATHER _____

MOTHER _____

LEGAL GUARDIAN _____

NOTARY PUBLIC

**NOTARY BOND
EXPIRATION DATE**

This form must be completed and notarized to be retained in Student's health file at Lake Park Baptist School



Lake Park Baptist School
Strong Roots & New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 Morning Care/Aftercare Registration Form

- ❖ Extended Care Registration Fee: \$40
- ❖ Morning care: 7:00am-8:00am during regular school days only
- ❖ Aftercare: 3:00p.m-6:00pm during regular school days only
- ❖ Additional fees are charged when school is not in session (8am-6pm)

CHOICE OF PAYMENT PLAN:

Morning Care

- Daily/Occasional Use _____
- Annual _____

Aftercare

- Daily/Occasional Use _____
- Annual _____

EMERGENCY INFORMATION

Student's Name: _____ Grade Level _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Please list any physical or special needs your child might have: _____

Please list names of relatives or friends that may be called in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list the adults with permission to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Signature: _____ Date: _____



Lake Park Baptist School

Strong Roots ♦ New Growth

Biting Policy

Biting can be an act of the non-verbal toddler. At preschool age, children sometimes revert to the toddler act of biting because they are frustrated, angry, or excited. Because we want to be diligent in keeping our students safe and healthy, the following steps will be taken if a child has bitten another child:

1. Teacher will say, "Stop! That hurts!"
2. The child will be put on a brief time out in the classroom.
3. A phone call will be made and an incident report will be given to the parents of the children involved.
4. If a child bites two times in one day a phone call will be made for you to pick up your child to go home for the remainder of the school day.
5. If the biting continues and develops into a pattern of behavior, it will be necessary to schedule a conference between the principal, the parents, and the teacher to determine further appropriate intervention.
6. If the biting continues even after steps 1-5 have been taken, a new school placement may be necessary.

Please sign below and return this form to the teacher in order to document that you understand the measures that will be taken if biting occurs. Thank you so much.

Parent's Signature

Date

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

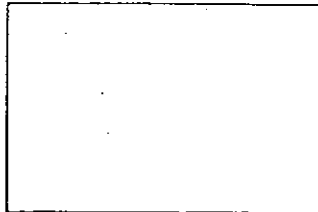
Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:



CF/PI 175-24, 7/2005

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,



Know Your Child Care Facility

FLORIDA DEPARTMENT OF
CHILDREN & FAMILIES

Licensing Standards

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on ___/___/___

License Expires on ___/___/___

For more information regarding the compliance history of this child care provider, please visit: www.myflorida.com/childcare.

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles (if transportation is provided).

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

Physical Environment

- ✓ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ✓ Provide space that is clean and free of litter and other hazards.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip with age and developmentally appropriate toys.
- ✓ Provide appropriate bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.
- ✓ Practice proper hand washing, toileting, and diapering activities.

Training Requirements

- ✓ 40-hour introductory child care training.
- ✓ 10-hour in-service training annually.
- ✓ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ✓ Director Credential for all facility directors.

Health Related Requirements

- ✓ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and monthly fire drills with children and staff.
- ✓ Locked storage place for storing medication and hazardous materials.

Food and Nutrition

- ✓ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ✓ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and medications.

Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meetings and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child when they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.

ENROLLMENT FORM RECORD OF CHILD ACCEPTED FOR CARE

Mark an "X" by address where child lives.

Child's Name:

_____ (Last) _____ (First) _____ (Middle) _____ (Alias)

Birthdate: _____ Sex: _____ Enrollment Date: _____

Mother's Name: _____ Father's Name: _____

	Home Address	Phone	Employment Address	Phone
Mother				
Father				

Child's Physician: _____ Phone: _____

May the Center call another physician if unable to contact the above? Yes _____ No _____

			<u>Legal Custody</u>	
	Yes	No	Yes	No
Persons permitted to remove child:				
Mother	Yes _____	No _____		
Father	Yes _____	No _____		
Guardian	Yes _____	No _____		

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility: If none, indicate "None."

Name	Address	Phone	Relationship

Name	Address	Phone	Relationship

Other persons authorized by the parents or guardians to take the child from the facility (if different from above). If none, indicate "None."

Name	Address	Phone	Relationship

Name	Address	Phone	Relationship

Primary Hours of Care: _____ From _____ To _____

Special Instructions regarding eating habits, toileting or areas of concern: _____

_____ Date

_____ Signature of Person Enrolling Child

CHILD'S NAME: _____

1. ARTICLE XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII, B, 1, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

Signature of Parent or Guardian Date

5. ARTICLE XII, B, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT:**

Indicate Special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Date Signature of Owner/Operator

Signature of Parent or Guardian Date