



Montessori Child Development Center

14911 Espola Road • Poway • CA 92064

License# 372001507

Dietary Restrictions

Since you have indicated that your child has special food needs, we would like you to fill out this form to help us to assist your child in adhering to that diet. We will do our best to see that your child follows these restrictions. If it proves to be difficult, we may ask you to provide special snack for your child.

Child's full name _____ DOB _____

Dietary needs due to health issues (explain) _____

Diet family preference ___ yes, ___ no, (comments) _____

Food Allergies	May eat	May NOT eat	Allergy? symptoms
Butter or cream			
Eggs			
Cheese from cows or goats			
Milk from cows or goats			
Meat, poultry, lamb, or beef			
Fish, shellfish, shrimp, or lobster			
Gelatin			
Honey			
Cookies, cakes, bread, crackers, etc., with milk, egg, or cheese as ingredient			
Nuts			

Please use additional lines to note any other food restrictions.

Parent or guardian signature _____ Date _____

Print name _____

Parent or guardian signature _____ Date _____

Print name _____