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Alternate Nutrition Agreement

Dear Parent,

Please complete and return this agreement to assist us in identifying your preferences when meeting your child's nutritional needs.

I, _____ hereby request Lutz Learning Center make an alternate nutrition for my child, _____. I understand and agree to provide (*choose only one plan*)

- A.) _____ a fully prepared and cooked substitution for only the food/s restricted
- B.) _____ a full meal substitution each and every day

My child will be present for:
(*check all which apply*)

- ____ Breakfast
- ____ Lunch
- ____ Snack

Initial the following:

_____ I hereby give Lutz Learning Center the responsibility of serving the food I have prepared for my child. I understand Lutz Learning Center will not be refrigerating the lunch and will pack cold packs when the meal necessitates. I am aware Lutz Learning Center is a nut free school and agree to exclude all nuts and product containing nuts in addition to desserts, sodas, chips, and all food with low nutritional value. I will do my best to provide a substitution as close to the food on the menu on days I must provide alternate nutrition.

Sincerely,

Lutz Learning Center
Administrative Team

