

Date: _____

Dear Parent or Guardian,

As part of a healthy classroom, we will be enjoying a variety of healthy foods and fun physical activities. We will be learning that healthy food and an active body can give you the power to play, grow and feel great!

We will be making some simple recipes and tasting some new foods. Of course, children will be allowed to decide on their own whether or not to taste a food. Please let me know if you have any food concerns (personal, family or cultural) or if your child has any food allergies.

To support what I'm teaching, I will be sending home simple healthy-food activities that you can do with your child. And I encourage you to talk about the importance of enjoying healthy foods and active family fun!

Also, please let me know if you would like to help us out with our food experiences at school; parent involvement makes tasting simple, healthy recipes easier in the classroom. All recipes are very simple to complete.

Thank you!



PLEASE RETURN THIS FORM BY _____ .

Child's name: _____

Your name: _____

Daytime phone number: _____

I can provide food items if needed.

My child has no food allergies.

My child is allergic to:

Please list any foods that your child cannot eat for any other reason:

