



**BUDS & BLOSSOMS**  
Early Education and Care Center  
幼兒教育中心

CHILD NAME: \_\_\_\_\_

CHILD BIRTHDAY: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_

I, (parent name) \_\_\_\_\_ prefer the school to serve my child:

\_\_\_\_\_ Whole Milk

\_\_\_\_\_ Regular Meal

\_\_\_\_\_ 2% Low Fat Milk

\_\_\_\_\_ Vegetarian Meal

\_\_\_\_\_ 1% Low Fat Milk

\_\_\_\_\_ No Egg No Dairy Meal

\_\_\_\_\_ Skim Milk

\_\_\_\_\_ Provide Your Own Food

\_\_\_\_\_ Provide Your Own Milk  
(soy, rice, etc.)

**PLEASE NOTE: NO nut products or by-products are allowed in Buds & Blossoms!**

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Valid for one year)