



Sunshine School

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SUNSHINE SCHOOL MEAL PREFERENCE FORM

Child's Name: _____ Date of Birth: _____

Parent(s) or Guardian(s) Name: _____

Emergency Phone: _____

Eating lifestyle ___ Vegan ___ Vegetarian ___ Kosher ___ Other _____

Does your child have food sensitivities ___ Yes ___ No

If yes, list food and reaction

I _____ will provide the following items for my child,
(Parent's Name)

_____ as a food preference substitute. I _____
(Child's Name) (Parent's Name)

will be responsible to bring in a prepared meal tagged with child's name and put in child's
classroom on a daily basis (e.g. home lunch, crackers, milk, yogurt, cheese, bread).

Parent's Name: _____

Parent's Signature: _____ Date: _____