



FOOD PROFILE

Child's Name: _____

LIST FOOD ALLERGIES

1. _____
2. _____
3. _____
4. _____
5. _____

CHECK FOOD PREFERENCE

- Vegetarian
- Vegan
- Pescatarian
- Gluten Free
- Other _____

LIST OF FAVORITE FOODS

1. _____
2. _____
3. _____
4. _____
5. _____

Please share foods that are religiously significant in your child's life, and the times of the year when you eat them.

1. _____
2. _____
3. _____
4. _____

Please list types of foods you hope your child will get to experience eating at school.

1. _____
2. _____
3. _____
4. _____