



2999 S. Colorado Blvd.
Denver, CO 80222
ph 303.691.0346
fax 303.758.0819
www.wpcdenver.org

The registration form for _____ indicates that he/she has

a dietary restriction for _____ .

Reactions to restricted food are related to:

Ingestion _____

Contact with Skin _____

Airborne _____

Religious or Cultural _____

Communication with us is key.

Please list on your child's dietary restrictions for the school year of 2021-2022. Please update us through the year as dietary restrictions change according to your child's doctor. Please communicate with your child's teacher and the director the dietary restrictions and needs for your child.

The children eat together and are supervised by the teachers during snack and lunch. Sharing or touching classmates' food is discouraged. Safety is a high priority for us and we make every attempt not to expose your child to the dietary allergen or restriction, but we cannot promise that your child will not be exposed.

If your child should ever need medication at school an "Emergency Care Plan and Medication Orders" form for the specific medical need must be completed and on file. Medications must be provided by the parent and checked in through the office. See the office for more information if necessary.

Please let us know if you have any questions or concerns.

