

VBS 2018 Snack Adaptation Plan

Child's name: _____

Food allergy to: _____

Please use the following guide to tell us how to adapt your child's snack (if needed) for each day of VBS. **Please return the completed form by Friday, June 1st.** If you register after June 1st, please return as soon as possible. Thank you!

<p>Okay Snack as provided is safe.</p>	<p>Modify My child can have parts of this snack. (Strike through the ingredients to remove.)</p>	<p>Provide I will provide my child's snack.</p>
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**Below are each day's snacks, including the ingredients.
Please note either OKAY, MODIFY, or PROVIDE for each day.**

Day 1: <i>Sandelicious Parfait</i>	Day 2: <i>Gone Fishin'</i>	Day 3: <i>Castaway Cracker Mix</i>	Day 4: <i>Fruit Float</i>	Day 5: <i>Graham Raft</i>
Ingredients:	Ingredients:	Ingredients:	Ingredients:	Ingredients:
Vanilla pudding	Lightly salted popcorn	Goldfish Colors crackers	Tropical blend fruit juice	Graham crackers
Vanilla wafers	Skittles		Vanilla ice cream	Strawberries
Swedish Fish			Citrus-flavored sparkling water	Pretzel sticks
				Foot by the Foot
Parent Note:	Parent Note:	Parent Note:	Parent Note:	Parent Note:

Return to:
Attn: Julie Crowe
Hales Corners Lutheran Church
12300 W. Janesville Rd.
Hales Corners, WI 53130



Parent/Guardian Signature: _____ Date: _____

<i>For Office Use Only</i>		
Snack Time: _____	Crew: _____	Leader: _____