

## SUDLEY INFANT SCHOOL

Dear parents and carers of Nightingales, Dippers, Blackbirds and Kingfishers

Every Wednesday afternoon your child will be taking part in a Healthy Food and nutrition session. During this session each week the class will be divided in two, 15 children will be researching and writing about the dish they are going to make and the other half of the class will be making and tasting the dish. These sessions are a great way for children to understand where food comes from and how it is prepared. Mrs Haake and Mrs Dow will lead these sessions. We are seeking permission from you for the child to take part in these activities and would appreciate if you can get these forms back to us as soon as possible as sessions start on January 9. All ingredients will be provided by school.

**Week 1 & 2 January 9 & 16 – Tortilla pizzas**

Flour tortilla wraps, tomato puree, mozzarella cheese



**Week 3 & 4 January 23 & 30 – Fruity frozen yogurt bites**

Strawberries, mango, pineapple, kiwi, greek yogurt, fruit coolis



**Week 5 & 6 February 6 & 13 – Pancakes**

Flour, sugar, baking powder, milk, vegetable oil, egg, maple syrup, fresh berries, banana

**Week 7 & 8 February 27 & March 6 – Spring rolls**

Rice noodles, bean sprouts, peppers, carrots, chinese leaf cabbage, spring onions, filo pastry, garlic, egg, tomato ketchup



**Week 9 & 10 March 13 & 20 – Veggie rice bowl**

Vegetable oil, broccoli, peppers, microwave rice, peas, chilli, garlic, ginger, soy sauce, sweet chilli sauce, vinegar, spring onions



**Week 11 & 12 March 27 & April 3 – Anzac biscuits**

Vegetable oil, sugar, golden syrup, baking soda, baking powder, rolled oats, flour



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**PARENT/CARER PERMISSION FORM** Please return to the school office or staff on the doors as soon as possible – thank you. We require a signature from parent/s/carer/s where the child is resident on the dates above.

In the case where residency is shared and your child stays at different addresses at different times we require both signatures. We ask and expect parent/carers in this instance to liaise with each other regarding these activities.

Child's name:

Class:

Parent/carer sign here

Name:

Date:

Parent/carer sign here

Name:

Date:

I wish/do not wish my child to taste/make the above food. (Delete as appropriate)

Any queries please call into the office/ring us or speak to a member of staff on the door. Please state your child's food allergies here.....

Please state any beliefs that would affect your child in taking part in these activities