

CACFP Agreement # _____



INFANT FEEDING STATEMENT

Baby's Name _____ Date of Birth _____

Dear Parent/Guardian:

This center/provider participates in the Child and Adult Care Food Program and we will give your baby _____ and solid food. If you want to bring your own formula or food, you can do that instead. Please let us know your choice by checking below.

NAME OF FORMULA

FORMULA (CHECK ONE)	FOOD (CHECK ONE)
_____ The center/provider can give my baby the formula they buy.	_____ The center/provider can give my baby solid foods when I tell them the baby is ready.
_____ I will bring breast milk or formula for my baby.	_____ I will bring solid foods for my baby.

Parent's Signature _____ Date _____

FEEDING SCHEDULE

for infants (formula/breast feed children only)

Please indicate below the feeding schedule for your infant every three months

1st Month:	3 rd Month:	6 th Month:	9 th Month:
Bottle per day _____	Bottle per day: _____	Bottle per day: _____	Bottle per day: _____
Ounces given: _____	Ounces given: _____	Ounces given: _____	Ounces given: _____
Comments: _____	Comments: _____	Comments: _____	Comments: _____
_____	_____	_____	_____
_____	_____	_____	_____

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have