XYZ CACFP, INC. INFANT FEEDING PREFERENCE – CENTERS

Infant's Name:	Infant's Date of Birth:					
(Name of Facility)	will feed your infant breast milk provided by you and/or we will provide iron fortified infant formula.					
The infant formula provided by this center is:						
This center participates in the Child and Adult Caserving nutritious meals to infants according to perform to follow specific meal patterns according to the ac	rogram requi	rements. Part				
Centers participating in the CACFP are required Parents (or guardians) may decline the infant form						
Parents/Guardians complete the following table	1		_		_	
Diago moderno mustamono	Age Group		Age Group		Age Group	
Please mark your preference (Mark a ✓ in sections that apply)	Birth – 3 months		4 - 7 months		8 - 11 months	
I will bring expressed breast milk for my infant.						
I want the center to provide the infant formula for my infant.						
I will bring the infant formula for my infant. Please document the kind of infant formula you will bring:						
According to CACFP requirements, in order to clarand other foods when your infant is developmenta			nt, the center r	nust pro	vide infant cereal	
		Age Group		Age Group		
Please mark your preference		4 - 7 mo		8	- 11 months	
I want the center to provide the infant cereal and of foods for my infant.						
I will bring the infant cereal and/or other foods for n Infant.	ny					
Parent's/Guardian's Signature:		Date:				

- 1. This form should be kept on file for each infant enrolled for child care.
- 2. This form should be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
- 3. If the parent/guardian declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.
- 4. If the parent/guardian declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.