

# CACFP Infant Feeding Statement

Baby's Name \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent/Guardian:

This Center/Provider participates in the Child and Adult Food Program and we will give your baby Parent's Choice Infant Formula 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.

Formula (Check One)

The center/provider can give my baby the formula they buy.

I will bring breast milk or formula for my baby.

Food (Check One)

The center/provider can give my baby solid foods when I tell them the baby is ready.

I will bring solid foods for my baby.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_