
INFANT FORMULA SELECTION FORM

In order to comply with the requirements of the Child and Adult Care Food Program (CACFP), the following must be completed when the infant is enrolled in the center:

Infant Name: _____ Date of Birth: _____

Formula Offered by Center: _____
(must be filled out by the center)

_____ I accept the above named formula for my infant.

_____ I decline the above named formula for my infant.

Check one of the following boxes:

I will furnish breast milk for my infant.

I will furnish formula for my infant. Name of formula: _____
(Formulas with iron meet the CACFP meal plan)

Parent Signature

Date

INFANT FEEDING SELECTION FORM

To be completed when the infant is developmentally ready to be served solid foods.

Choose one of the following:

_____ I accept the CACFP meal pattern provided by this center for my infant.

_____ I decline the CACFP meal pattern provided by this center for my infant and I will provide food and formula for my infant.

Parent Signature

Date