



Parent/Guardian Infant Options Form

on the Child and Adult Care Food Program

Directions: Read the choices below. Select the choice which applies to your infant. Sign, date and return the form to your Child Care Provider.

I understand the Child and Adult Care Food Program is being offered to my infant. I accept this offer and understand the Provider will supply all iron fortified infant formula and food for meals and snacks served to my infant while in-care.

I understand the iron fortified infant formula _____(list type e.g. Similac) is being offered to my infant. However, I do not choose this type of formula for my infant. I will provide the iron fortified infant formula when my child is in-care. I understand the Provider will provide all other foods for meals and snacks served to my infant while in-care.

I will supply breast milk for my infant. The Provider will supply all other foods for meals and snacks served to my infant while in care.

I understand the Child and Adult Care Food Program is being offered to my infant. However, I choose to provide all formula/breast milk and foods for my infant.

Infant's Name _____

Parent/Guardian's Signature _____ Date _____

Provider's Signature _____ Date _____

Provider's Food Program Number _____

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Washington, D.C. 20250-9410

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