



## Infant Feeding Selection Form

For \_\_\_\_\_  
Baby's Name Birth date

To help us ensure we are providing the best nutritional care for your baby, birth through 11 months old, please check and complete the following statements that apply to you and your baby. We provide **Enfamil with Iron with Lipil** to babies in our care:

Please complete the following form to indicate your preferences in feeding your infant.

1. I understand that this child care facility will provide a USDA-approved iron-fortified formula for my baby birth through 11 months according to the Child and Adult Care Program requirements.

I prefer to: (check only one)

- Have the child care facility supply the above formula
- Supply my own infant's iron fortified infant formula
- Supply breast milk
- Supply breast milk and supply my own infant's iron fortified infant formula to supplement as needed
- Supply breast milk and have the child care facility supply the above formula to supplement as needed

2. I understand that this child care facility will provide iron-fortified infant cereal and baby food for infants 4 months through 11 months old according to the Child and Adult Care Food Program requirements.

I prefer to: (check only one)

- Have the child care facility supply iron fortified infant cereal and solid foods
- Supply my own infant's cereal and solid foods. I understand that in offering to supply my infant's solid foods while accepting the child care facility's formula, I agree to provide foods that meet the CACFP meal pattern requirements for my infant's age as shown on the chart on the back of this form.

3. I prefer to:

- supply my own breast milk or formula, and supply my own infant's cereal and solid foods. I understand that I must supply foods that meet the CACFP meal pattern in order for the child care center to receive CACFP reimbursement for feeding my child.

4. I prefer to:

- supply all food for my child and not enroll my child in the CACFP.

5. My baby is:  Breastfed  Breast & formula fed  Formula fed

My baby is developmentally ready to:

- Eat infant cereal  Drink from a cup  Eat jar foods  Eat from a spoon
- Eat table foods  Sit alone without support

Other things you should know about feeding my baby (feeding schedule, allergies, special feeding needs, etc.)

This facility has not requested or required me to provide infant formula or food for my baby, birth through 11 months old. I understand that I have the choice of having my baby participate in the CACFP. I also understand that if I provide containers of breast milk or formula and containers of food for my infant, each container must be labeled with my baby's name, and date and time of preparation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date