MY FOOD PROGRAM

INFANT MEAL *Form*

Child's Name: _____ Child's Date of Birth:_____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

City:_____ State: _____ Zip Code: _____

Parent/Guardian Signature: _____ Date: _____

All children enrolled in this center, including infants, are eligible for meals. To fully meet federal requirements, this center is required to offer formula and infant foods. Parent/guardians may decline the formula or food offered and provide one food component themselves and the center will still receive reimbursement. If the parent/guardian provides more than one food component, then the meal is not eligible for reimbursement. Please indicate below what your preferences are related to formula and food for the child listed above:

Formula Preference (select one):

- ☐ I will accept the formula offered by my center.
  Type of formula: _____
- ☐ I will decline the formula offered by my center and provide iron-fortified infant formula that is not on the FDA exempt list (unless there is a special dietary need).
  Type of formula: _____
- ☐ I will provide breastmilk for my infant.

Solid Food Preference (select one):

- ☐ I accept the solid foods offered by my center.
- ☐ I decline the solid foods offered by my center and will provide my own solid foods.
- ☐ My infant is not developmentally ready to eat solid foods.