

Center/Provider Name: _____

This child care provider offers the following infant formula(s): _____

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date _____	Today's Date _____
	Birth through 5 months	6 – 11 months
I will bring expressed breast milk for my infant.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date _____
	6 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature _____ Date of Signature _____

1. This form must be kept on file for each infant enrolled for child care.
 2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
 3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
 4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
 5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

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