

## INFANT FEEDING SCHEDULE AND AGREEMENT

Provider Name \_\_\_\_\_

Name of Infant \_\_\_\_\_ Date of Birth \_\_\_\_\_

DEAR PARENT/GUARDIAN

---

☐ (Non CACFP participant) I will give your baby \_\_\_\_\_ (name of Formula) and solid food. If you prefer, you can supply your own formula or food. Please let me know your choice by checking below.

☐ I participate in the Child and Adult Care Food Program and will give your baby \_\_\_\_\_ (name of Formula) and solid food. If you prefer, you can supply your own formula or food. Please let me know your choice by checking below.

FORMULA (CHECK ONE)	FOOD (CHECK ONE)
<input type="checkbox"/> The provider can prepare and supply infant formula for my child.	<input type="checkbox"/> The provider can supply my infant with solid foods when I deem it appropriate.
<input type="checkbox"/> I will provide breast milk or formula for my infant. If necessary, provider can prepare the formula.	<input type="checkbox"/> I will bring solid foods for my infant.

I want my infant child to be fed according to the following schedule (please check one):

☐ On Demand

☐ As requested \_\_\_\_\_

\_\_\_\_\_

---

Signatures on this document imply that both parties understand:

- ✓ Children 6 months of age and under must be held during all bottle feedings (417.12(m)).
- ✓ Microwave heating of infant food and formula is prohibited by regulation (417.12(k)(2)).
- ✓ The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed (417.12(l)).

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_