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| C:\Users\CCCC\Desktop\download.jpg | INFANT FEEDING STATEMENT |

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| --- | --- | --- | --- |
| Baby’s Name |  | Date of Birth | /  / |

Dear Parent\Guardian:

This center\provider participates in the Child and Adult Care Food Program and we will give your baby **Infamil with Iron** and solid food. (Formula is subject to change). If you want to bring your own formula or food, you can do that instead. Please let us know your choice by checking below.

|  |  |
| --- | --- |
| **FORMULA (CHECK ONE)** | **FOOD (CHECK ONE)** |
| |  |  | | --- | --- | |  | The center\provider can give my baby the formula they buy. | |  | I will bring formula in for my baby. | |  | I will bring breast milk in for my baby | | |  |  | | --- | --- | |  | The center\provider can give my baby solid foods when I tell them the baby is ready. | |  | I will bring solid foods for my baby. | |  |  | |

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| Parent Signature |  | Date | /  / |