



Infant/Child Feeding Schedule & Agreement

Name of Child _____ Date of Birth _____

DEAR PARENT/GUARDIAN

(Non CACFP participant) I will give your baby solid food. If you prefer, you can supply your own 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 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)

_____ I will provide breast milk or formula or my infant. If necessary, provider can prepare the formula.

_____ The provider can supply my infant with solid foods when I deem it appropriate.

_____ I will bring solid foods for my infant.



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

On Demand _____

As requested _____

Additional Notes you would like the childcare provider to be aware of:

Signatures on this document imply that both parties understand:

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

Parent's Name _____

Parent's Signature _____ Date _____

Provider's Signature _____ Date _____