



Infant Feeding Preference Form

Name of Infant: _____ Date of Birth: _____

This center participates in the Child and Adult Care Food Program (CACFP) and receives Federal funds for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed. Only breastmilk and/or infant formula are served to infants 0 through 5 months old. Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

Policy requires a center participating in the CACFP to provide formula or breastmilk to infants who are in care during meal service times. Parents/Guardians may decline the formula that is offered and supply the infant breastmilk and/or formula.

_____ will feed your infant breastmilk or formula provided by you and/or (Name of Provider) we will provide iron-fortified infant formula. The formula we provide is _____.

Breastmilk & Formula Preference: 0-11 Months <i>Check All That Apply & Update As Needed</i>	Date:	Date:	Date:
I will bring expressed breastmilk for my infant.			
I will return to the provider's home to breastfeed my infant on-site.			
I want the provider to provide formula for my infant.			
I will bring the following type of formula for my infant. _____			

Policy requires a center participating in the CACFP to provide solid foods to infants around 6 months of age, as developmentally appropriate, who are in care during meal service times. The CACFP Meal Pattern for infants 6-11 months of age includes fruits, vegetables, meat/meat alternates, and grains in addition to breastmilk or formula.

Solid Food Preference: 6-11 Months <i>Check All that Apply & Update as Needed</i>	Date:	Date:	Date:
I want the provider to provide solid foods for my infant based on CACFP guidelines.			
I will provide <u>some</u> solid foods for my infant when he/she is developmentally ready.			
I will bring <u>all</u> solid foods for my infant when he/she is developmentally ready.			
Comments (if applicable): _____			

Signature of Parent/Guardian: _____ Date: _____