



INFANT FEEDING STATEMENT

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 _____ and solid food. If you want to bring your own formula
NAME OF 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.	_____ The center/provider can give my baby solid foods when I tell them the baby is ready.
_____ I will bring breast milk or formula for my baby.	_____ I will bring solid foods for my baby.

Parent's Signature _____ Date _____

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