

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT SUPPLEMENT FOR INFANTS

Directions: This enrollment supplement must be completed for all infants in care at the time of enrollment to determine responsibility for providing infant formula as part of the Child and Adult Care Food Program (CACFP). Please have the parent sign and date two forms. Send one to your sponsoring organization and keep the other as part of the infant's enrollment file.

Infant Name: _____ Date of Birth: _____

Home/Center Site: _____

PARENT CHOICE: (Please check one)

The Center/Home will furnish infant's formula.

The Parent will furnish the infant's formula/breast milk.

Indicate Type of Formula or Breast Milk

If the above type of formula does not meet CACFP requirements, please attach a copy of the physician's medical statement recommending this type of formula.

Are there any special circumstances or conditions indicated by the infant's physician?

As the parent of the above-named child, I understand that I may change my decision regarding furnishing infant formula with proper notice.

Parent's Signature

Date

Signature of Center Director/Home Provider

Date