

Infant Feeding Instructions  
(update every 30 days)



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies? \_\_\_\_\_  
\_\_\_\_\_

Does your child take a bottle? Yes \_\_\_ No \_\_\_  
Is the bottle warmed? Yes \_\_\_ No \_\_\_  
Does your child take a pacifier? Yes \_\_\_ No \_\_\_  
If so, when? \_\_\_\_\_

Currently my child is on the following diet:

- Breast Milk
  - Feed on demand
  - Ounces \_\_\_\_\_ at \_\_\_\_\_
  
- Formula Name: \_\_\_\_\_
  - Feed on demand
  - Ounces \_\_\_\_\_ at \_\_\_\_\_
  
- Baby Food
- Cereal
  - Feed on demand
  - Times to be fed: \_\_\_\_\_
  - In bottle
  - In bowl with a spoon
  
- Other Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

CODE: F-157

Child's B-Day: \_\_\_\_\_

Fit for Kids

(Center Name)

will feed your infant breast milk provided by you and /or

we will feed the following iron fortified infant formula: Members mark with iron.

### Infant Feeding Preference

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or guardians) may decline the infant formula offered by the center, and supply the infant's formula.

Parent (or guardian) completes the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	Today's Date	Today's Date
	Birth - 3 months	4 - 7 months	8 - 11 months
I will bring expressed breast milk for my infant:	_____	_____	_____
I want the center to provide the Infant formula for my infant	_____	_____	_____
I will bring the infant formula for my infant. It is the following brand:	_____	_____	_____

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal or other foods when you infant is developmentally ready to accept them.

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	4 - 7 months	8 - 11 months
I want the center to provide the Infant cereal for my infant	_____	_____
I want the center to provide the fruits and vegetables for my infant	_____	_____
I will bring the infant cereal and/or other foods for my infant:	_____	_____

Parent's (or guardian's) signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

1. This form should be kept on file for each infant enrolled for child care.
2. This form should be kept current and accurate for each infant enrolled for child care until the infant reached one year of age.
3. If the parent declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent declines infant meals/snack, meals and snacks my NOT be claimed for reimbursement.