

# Always A Nutritional Meal

## Infant Feeding Preference

(for infants under 1 year of age)

I, \_\_\_\_\_ will feed your infant breast milk  
(provider's name)

provided by you and/or I will provide iron fortified infant formula.

The Formula I provide is : \_\_\_\_\_

Please mark your preference - choose all that apply (**parent or guardian to complete**)

\_\_\_\_\_ I will bring expressed breast milk in for my infant.

\_\_\_\_\_ I will come to the daycare to breastfeed my infant.

\_\_\_\_\_ I want the daycare to provide formula for my infant.

\_\_\_\_\_ I will bring formula for my infant. List kind : \_\_\_\_\_

This provider is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your baby is developmentally ready for them.

Please mark your preference (**parent or guardian to complete**)

\_\_\_\_\_ I want the daycare to provide solid food for my infant based on the CACFP guidelines.

\_\_\_\_\_ I will bring solid food for my infant when he/she is ready for it.

Name of infant \_\_\_\_\_

Infant's date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)