

Infant Declaration:

Child Care Center Name _____

Attention Parent:

- Please Complete Both Sections and Sign & Date Form
- Then Give This Form Back To The Child Care Director

Section 1

Infant's Name _____ Birth Date ____ / ____ / ____

Parent's Name _____

My Child is allergic to the following foods:

(A Doctor's note is required for any foods we can't substitute within the same food group.)

Section 2

Your child care provider provides the following Infant Formula: _____

Parent Declaration - SELECT ONLY ONE OF THE FOLLOWING OPTIONS

<input type="checkbox"/> My child care provider should provide all meal components for my infant.		
<input type="checkbox"/> I will provide ALL of my child's foods until they are 1 year of age.		
<input type="checkbox"/> I will provide one or more of the meal components for my infant, as shown below. (If you select this option, select the meal components you will provide.)		
	0 - 5 Mnths	6 - 11 Mnths
() I will provide my child's Iron Fortified Infant Formula/Breast Milk	()	()
() I will provide my child's Iron Fortified Infant Cereal		()
() I will provide my child's Infant Fruits/Vegetables		()
() I will provide my child's Infant Meats		()
() I will provide my child's Crusty Bread/Crackers		()
_____ Parent Signature		_____ Date

ATTENTION CENTER/PROVIDER:

1. Have the parent complete section 1 and 2 immediately upon enrollment
2. Update this form any time the parent changes what they or the center will provide in food components
3. Fax this form to your Account Rep upon completion by parent.