



**Department
of Health**

Child and
Adult Care
Food Program

INFANT FEEDING STATEMENT

Baby's Name _____ Date of Birth _____

Dear Parent/Guardian:

This center participates in the Child and Adult Care Food Program and we will give your baby _____ and solid food. If you want to bring breast milk or your own
NAME OF FORMULA
 formula or food, you can do that instead. Also, we encourage moms to come to the center to nurse their babies.

Please indicate your choice below.

BREAST MILK/FORMULA (CHECK ONE)	FOOD (CHECK ONE)
<input type="checkbox"/> The center can give my baby the formula they buy. <input type="checkbox"/> I will bring breast milk or formula for my baby.	<input type="checkbox"/> The center can give my baby solid foods when I tell them the baby is ready. <input type="checkbox"/> I will bring solid foods for my baby.

Parent's Signature _____ Date _____

This institution is an equal opportunity provider.