

# Infant Declaration Form:

Child Care Center Name \_\_\_\_\_

## INSTRUCTIONS TO PARENTS:

Complete **BOTH** sections on this form. Sign and date where indicated. Submit to child care provider.

### 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 that cannot be substituted within the same food group.)*

\_\_\_\_\_  
\_\_\_\_\_

### Section 2

Your child care provider offers the following infant formula(s): \_\_\_\_\_

Parent Declaration - **Select only ONE of the following options.**

**Center** will provide ALL meal components for infant named above.

OR

**Parent** will provide ALL meal components for infant named above.

OR

**BOTH PARENT and CENTER** will provide meal components for infant named above, as indicated below:

	<u>0-5 Months</u>	<u>6-11 Months</u>
( ) Center OR ( ) Parent will provide Iron Fortified Infant Formula / Breast Milk	( )	( )
( ) Center OR ( ) Parent will provide Iron Fortified Infant Cereal		( )
( ) Center OR ( ) Parent will provide Infant Fruits/Vegetables		( )
( ) Center OR ( ) Parent will provide Infant Meats		( )
( ) Center OR ( ) Parent will provide Crusty Bread/Crackers		( )

\*\*\* This form must be updated and submitted any time there is a change in Section 2.

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

\_\_\_\_\_  
Parent Signature (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Phone Number Date

*Please include your phone number so our CACFP Sponsor can contact you if they have any questions.*

**For Sponsor Use Only**