

Infant Declaration Form:

Child Care Center Name Eastridge Academy

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): Similac Advance

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

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

	0-5 Months	6-11 Months
() 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.

Parent Signature _____ Parent Phone Number _____ Date ____/____/____

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