

VIRGINIA CACFP INFANT FEEDING PREFERENCE / PARENT CHOICE FORM

Name of Infant _____ Date of Birth _____
(first/last name) (month/day/year)

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Elizabeth's Early Learning Center will feed your infant breast milk provided by you and/or we will provide iron fortified infant formula. The formula we provide is **Parent's choice Advantage Baby Formula**.

Policy requires a center participating in the CACFP to offer iron fortified formula to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's formula.

Please mark your preference (choose all that apply by initialing in the appropriate space)	Today's Date _____ Birth – 3 months	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
I will bring expressed breast milk for my infant.			
I will come to the center to breastfeed my infant.			
I want the center to provide formula for my infant			
I will bring formula for my infant. The formula is: _____			

In order to claim meals for reimbursement, the center must provide iron fortified infant cereal and other foods when your baby is developmentally ready for them.

Please mark your preference	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.		
I will bring solid foods for my infant when s/he is ready for it.		

Child's normal feeding schedule: Amount _____
 Frequency _____

Signature of Parent/Guardian

Date