

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable components served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (attached to this addendum) developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Center)

currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Sponsor Representative	Phone Number	Date
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MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____	Infant Birthdate ___/___/_____
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Check all that apply:

- _____ **Parent** will breast-feed the infant at the day care center
- _____ **Parent** will provide expressed breast milk
- _____ **Parent** will provide iron fortified formula/breast milk and **Center** will provide additional baby food
- _____ **Parent** will provide iron fortified formula/breast milk and additional baby food.
- _____ **Center** will furnish all iron fortified infant formula
- _____ **Center** will furnish all iron fortified infant formula and additional baby food

Parent/Guardian and/or Client Signature

Date