



BRIGHT BEGINNINGS LEARNING ACADEMY

22993 Briggs-Coleman Road | Harlingen, TX | 956-496-2122

Director: Katie M. Castellanos | 956-778-8351

CACFP INFANT FEEDING PREFERENCE FORM

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

Child care providers participating in the CACFP are required to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

This child care provider offers the following infant formula(s): **Similac Advantage**

INFANT'S NAME: _____

AGE GROUP

0-5 MONTHS

INFANT'S DATE OF BIRTH: ____/____/____

6-11 MONTHS

PLEASE MARK YOUR PREFERENCE (CHOOSE ALL THAT APPLY)

BREAST MILK AND/OR FORMULA PREFERENCE

- I will bring expressed breast milk for my infant.
- I want the child care provider to provide the infant formula it offers for my infant.
- I will bring the infant formula for my infant.

Please list the kind of infant formula you will bring: _____

PREFERENCE REGARDING INFANT CEREAL AND OTHER FOODS (6-11 MONTHS ONLY)

- My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.
- My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.

My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.

PARENT'S SIGNATURE: _____ DATE: ____/____/____