

Infant Information Form

Child's Name _____ Birthday _____

Does child hold own bottle? Yes _____ No _____ Prefers: Warm _____ Cold _____

Does your child eat: Formula _____ 2% Milk _____ Other _____
Strained Food _____ Junior Food _____ Table Food _____

Child's normal schedule:

Breakfast: _____
(Time approx) (Types & approx. amount of food)

Lunch: _____
(Time approx) (Types & approx. amount of food)

P.M. Snack: _____
(Time approx) (Types & approx. amount of food)

Does your child have any food allergies? _____

I will use the formula Country Acres Provides: Yes No

FORMULA TYPE brand and style:

Under the guidelines of CACFP, Country Acres CDC provides "Parent's Choice" POWDER formulas: Advantage with Iron, Premium with Iron, Gentle with Iron, Sensitivity with Iron, or Soy-Based. (If no formula selection is made CA will default to Gentle with Iron.)

Does your child take a pacifier? Yes _____ No _____ When? _____

How does your child normally sleep? On back _____ On side _____

How do you normally put your child to sleep? Rock _____ Put in bed _____ Pat back _____

Do you use anything when changing diapers? Powder _____ Cream _____ Other _____

***All items including bags, bottles, pacifier, clothing, and all other personal items MUST be marked with your child's name.**

*** Diapers and Baby Wipes are to be furnished by Parent.**

***Please sign a separate medication permission form if you will be providing diaper rash cream or powder.**

THIS FORM MUST BE UPDATED EVERY 30 DAYS

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Child's Name: _____

CODE: _____

Child's B-Day: _____

_____ will feed your infant breast milk provided by you and /or
(Center Name)
we will feed the following iron fortified infant formula: _____ with iron.

Infant Feeding Preference

This center 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 centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or guardians) may decline the infant formula offered by the center, and supply the infant's formula.

Parent (or guardian) completes the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	Today's Date	Today's Date
	Birth - 3 months	4 - 7 months	8 - 11 months
I will bring expressed breast milk for my infant:	_____	_____	_____
I want the center to provide the Infant formula for my infant	_____	_____	_____
I will bring the infant formula for my infant. It is the following brand: _____	_____	_____	_____

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal or other foods when you infant is developmentally ready to accept them.

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	4 - 7 months	8 - 11 months
I want the center to provide the Infant cereal for my infant	_____	_____
I want the center to provide the fruits and vegetables for my infant	_____	_____
I will bring the infant cereal and/or other foods for my infant:	_____	_____

Parent's (or guardian's) signature: _____ Date of signature: _____

1. This form should be kept on file for each infant enrolled for child care.
2. This form should be kept current and accurate for each infant enrolled for child care until the infant reached one year of age.
3. If the parent declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent declines infant meals/snack, meals and snacks my NOT be claimed for reimbursement.