

Infant Declaration Form:

CenterName
Little Sheep Learning Center

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): _____

Parent Declaration - **Select only ONE of the following options.**

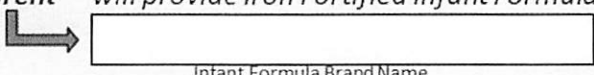
CENTER will provide ALL meal components for infant named above.

or

PARENT will provide ALL meal components for infant named above.

or

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

			0-5 Months	6-11 Months
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Iron Fortified Infant Formula / Breast Milk	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="radio"/>		
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Iron Fortified Infant Cereal		<input type="checkbox"/>	
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Infant Fruits/Vegetables		<input type="checkbox"/>	
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Infant Meats		<input type="checkbox"/>	
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Crusty Bread/Crackers		<input type="checkbox"/>	

*** This form must be updated and submitted any time there is a change in Section 2.

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

Parent Signature

() - / /
Parent Phone Number Date

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

For Sponsor Use Only