Center Name: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent,

While participating in the Child and Adult Care Food Program, our center is required to offer at least one brand of iron-fortified infant formula to all enrolled infants. Our center offers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to all enrolled infants. If you do not wish for us to serve this brand of formula to your child, you will be required to provide the formula for your own child. In addition, solid foods will be served to infants when they are developmentally ready and at your request.

\* Centers participating in the CACFP may claim infant meals for reimbursement if they supply all meal components or if parents supply only 1 of the following components:

**Please check your preferences:**

 Formula or Breastmilk

* I accept the brand of formula offered by the center.
* I declined the brand of formula offered by the center and have chosen to supply my own infant formula (Please state brand of formula) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* I will supply breastmilk for my child.

Iron-Fortified Infant Cereal

* I accept the Infant Cereal offered by the center.
* I declined the Infant Cereal offered by the center and will supply my own.

Fruits/Vegetables

* I accept the fruits/vegetables offered by the center.
* I declined the fruits/vegetables offered by the center and will supply my own.

Meat/Meat Alternates

* I accept the meat/meat alternates offered by the center.
* I declined the meat/meat alternates offered by the center and will supply my own.

Infant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This institution is an equal opportunity provider.