



Alaska Family Child Care Food Program Infant Feeding Selection Form

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Angela Darby
Name of Child Care Provider

Name of Infant

Kelsey Robbins

May 5, 2009

Date of Birth

I participate in the Child and Adult Care Food Program (CACFP) and will provide the following iron-fortified infant formula to all infants less than 12 months of age and additional solid food as required by the CACFP Infant Meal Pattern. As a parent you have the right to accept or decline the benefits of the CACFP for your infant.

I provide the following infant formula to all infants less than 12 months of age:

Kirkland with Iron

Brand name of formula offered

In order for me to meet the individual nutritional needs of each infant in my care, please select one of the following options:

Please provide the iron-fortified infant formula listed above to my child and additional age appropriate solid foods according to the CACFP Infant Meal Pattern while he/she is in your care. (full CACFP participation)

I decline the offer of the above infant formula and will provide the following for my child while he/she is in your care. Please provide age appropriate solid foods according to the CACFP Infant Meal Pattern.

Iron-fortified infant formula

List brand name of formula to be provided _____

Breast Milk

Other

If the formula to be provided is not iron-fortified a childcare Food Program Diet Statement signed by a recognized medical authority recommending a substitution for iron-fortified infant formula must be completed and attached to this form for infant meals to be claimed.

I decline participation in the CACFP and will provide all meals for my infant while he/she is in your care.

Signature of parent/guardian

Date