



Alaska Family Child Care Food Program

Infant Feeding Selection Form

2207 E Tudor Rd Suite 34
Anchorage, AK 99508
Phone: (907) 274-2237
Fax: (907) 274-2238
Email: afccfp1@gci.net

Name of Child Care Provider

Name of Infant

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:

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