

Infant Feeding Form

CHILD CARE PROVIDER USE ONLY –Complete this shaded section before distributing to parents.	
Child Care Provider name: Bannerman Learning Center	
Iron fortified milk based Formula offered: Carnation Goodstart Enfamil	Iron fortified Soy based Formula offered: Carnation Goodstart Enfamil

Parents: Participation in the Child Care Food Program ensures that healthy meals are served to your baby while in child care. To help provide the best nutritional care for your baby, please complete the following information.

Baby's Name:	Baby's D O B:
Place a check mark(√) by each of the following that apply for your baby:	
My baby is: <input type="checkbox"/> 0 to 3 months old <input type="checkbox"/> 4 to 7 months old <input type="checkbox"/> 8 to 11 months old My baby can: <input type="checkbox"/> Drink from a cup <input type="checkbox"/> Eat from a spoon <input type="checkbox"/> Sit alone without support	My baby is: <input type="checkbox"/> Breastfed <input type="checkbox"/> Breast and formula fed <input type="checkbox"/> Formula fed My baby is eating: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Jar foods <input type="checkbox"/> Table foods
Other things we should know about feeding your baby: (For example- feeding schedule, allergies, special feeding needs)	

I understand that the child care provider will supply the above iron-fortified formulas for infants according to the Child Care Food Program requirements. ***Note: Child care provider will request parents to supply clean, sanitized and labeled bottles on a daily basis with babies first and last name.**

If you formula-feed your baby, place a check mark (√) by ONE of the following:
<input type="checkbox"/> I prefer to have the child care provider supply formula. <input type="checkbox"/> I will supply my own formula.
If you breastfeed your baby, place a check mark (√) by only ONE of the following:
<input type="checkbox"/> I will supply expressed (pumped) breast-milk. Or <input type="checkbox"/> I will supply expressed (pumped) breast-milk & supply my own formula as needed. Or <input type="checkbox"/> I will supply expressed (pumped) breast-milk and have the provider supply formula as needed.

I understand the child care provider will supply infant cereal and baby food for infants 4 months and older according to Child Care Food Program requirements.

Place a check mark (√) by only ONE of the following:
<input type="checkbox"/> I prefer to have the child care provider supply cereal and baby food. Or <input type="checkbox"/> I will supply my own cereal and baby food.

This facility has not requested or required me to provide infant formula or baby food for my baby; I understand that I have the choice of having my baby participate in the CCFP. I also understand that all bottles of breast-milk or formula and containers of food that I prepare and supply for my infant **must be labeled with my baby's full name, date and time of bottle prepared.**

Parent Signature

Date