

Child and Adult Care Food Program - Enrollment Supplement for Infants

This form must be completed for all infants at the time of enrollment to determine responsibility for providing infant formula as part of the Child and Adult Care Food Program (CACFP). Please sign and date two forms. One copy is retained for the program's legal entity and the other as part of the infant's enrollment file.

Infant Name: _____ Date of Birth: _____

Center Name: _____

FAMILY CHOICE (check one)

_____ The Center will furnish my infant's formula – **Gerber Good Start Gentle**

_____ I will furnish my infant's formula/breast milk.

Indicate Breast Milk or Type of Formula

If the above type of formula does not meet CACFP requirements (see Approved Infant Formula List, provided by your center director), please have the child's physician complete the bottom portion of this form recommending this formula.

Are there any special circumstances or conditions indicated by the infant's physician? If so, there may be additional paperwork to be completed. _____

As the parent/guardian of the above named child, I understand that I may change my decision regarding providing infant formula with proper notice.

Parent/Legal Guardian's Signature

Center Director's Signature

Date

Date

Physician Recommended Formula (Please Print)

_____ is a patient under my care.
(Infant's Name)

_____ is to be used for feeding purposes.
(Formula Name)

Other instructions: _____

Physician's Name

Physician's Signature

Date