

## INFANT FEEDING STATEMENT

Baby's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Parent/ Guardian:

This Center participates in the Child and Adult Care Food Program and we will give your baby **Parent's Choice Gentle Formula** and solid food. If you want to bring your own formula or food, you can do that instead. Please let us know your choice by checking below.

FORMULA ( CHECK ONE)	FOOD (CHECK ONE)
<input type="checkbox"/> The center/provider can give my baby the formula they buy.	<input type="checkbox"/> The center can give my baby solid foods when I tell them the baby is ready.
<input type="checkbox"/> I will bring breast milk or formula for my baby.	<input type="checkbox"/> I will bring solid foods for my.

I give permission for Wee Care at Labor employees to prepare my Infants formula.

Yes \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date : \_\_\_\_\_