

# LITTLE TOT'S LEARNING DAYCARE, II

## INFANT FEEDING SCHEDULE AND AGREEMENT



Date: \_\_\_\_\_

Name of Infant \_\_\_\_\_ Date of Birth \_\_\_\_\_

DEAR PARENT(s)/GUARDIAN:

☐ (Non CACFP participant) I will give your baby \_\_\_\_\_ (name of Formula) and solid food. If you prefer, you can supply your own formula or food. Please let me know your choice by checking below.

☐ I participate in the Child and Adult Care Food Program and will give your baby \_\_\_\_\_ (name of Formula) and solid food. If you prefer, you can supply your own formula or food. Please let me know your choice by checking below.

### FORMULA (CHECK ONE)

\_\_\_\_\_The provider can prepare and supply \_\_\_\_\_ infant formula for my child.  
\_\_\_\_\_I will provide breast milk or formula for my infant. If necessary, provider can prepare the formula.

### FOOD (CHECK ONE)

\_\_\_\_\_The provider can supply my infant with solid foods when I deem it appropriate.  
\_\_\_\_\_I will bring solid foods for my infant.

I want my infant child to be fed according to the following schedule (please check one):

☐ On Demand

☐ As requested

Signatures on this document imply that both parties understand:

- Children 6 months of age and under must be held during all bottle feedings.
- Microwave heating of infant food and formula is prohibited by regulation.
- The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mrs. Williams, Provider; \_\_\_\_\_ Date: \_\_\_\_\_