

**Child and Adult Care Food Program
INFANT FORMULA/FOOD WAIVER NOTIFICATION**

NAME OF CHILD CARE CENTER/HOME Share And Care Learning Center	NAME OF INFANT	BIRTH DATE (MM/DD/YYYY)
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For Parent/Guardian of Infants Age Birth Through 11 Months

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

Instructions: The center/home should complete this section before giving to the parent/guardian.

This center/home will provide: Iron-fortified infant formula (list brand) Member's Mark Infant Formula w/ Iron DHA & ARA ;

Iron-fortified infant cereal (list type such as baby rice cereal) Gerber Oatmeal / Rice ; and

Food appropriate for infants: Commercial baby food and/or
 Table food offered at the appropriate consistency for the development of the infant.

Instructions: The parent/guardian should answer the following question and mark one of the choices from each of the three sections below; then sign and date this form.

What do you currently feed your infant? Iron-fortified infant formula
 Breast milk
 Low-iron or another type of infant formula provided for medical reasons. I will receive a Physician's Statement for Food Substitutions.

The parent or guardian would like their infant to be fed the following while in care:

Section 1 – Infant Formula or Breast Milk

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.
- Choice 2:** I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk.
 List brand/type: _____
 If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.

Section 2 – Infant Cereal

- Choice 1:** I want my infant to receive the child care center-/home-provided iron-fortified infant cereal identified above. I will not bring infant cereal from home.
- Choice 2:** I understand that I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal.
 List brand/type: _____
 If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

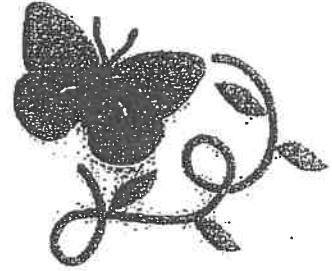
Section 3 – Baby Food

- Choice 1:** I want my infant to receive the child care center-/home-provided baby food identified above. I will not bring baby food from home.
- Choice 2:** I understand that I am not required to bring baby food that I purchase or receive from WIC, however, I want to bring my own. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.

If I decide to change the selections I made above, I will complete another form.

Parent/Guardian Signature: _____ Date: _____

This institution is an equal opportunity provider.



The Infant List

We Need:

Wipes
Diapers
Diaper cream
Baby Lotion
Bottles with tops/caps
Bibs (several!!)
Sippy Cup (when age appropriate)
Blankets (two please)
Hat (either sunhat or warm hat depending on the season)
Jacket (as needed)
Pacifier (as needed)
Sunscreen (as needed)
Mommy shirt
Family Picture
Extra clothes which includes: pants, shirts, shorts, socks, onesies, and shoes to fit the weather

Please label of all the child's belongings.

Thank you!

Share And Care Learning Center

Name of Child: _____

Please circle all the foods your child eats:

Cereals

Rice

Oatmeal

Multigrain

Fruits

Peaches

Pears

Bananas

Apples

Vegetables

Carrots

Green Beans

Peas

Squash

Sweet Potatoes

Meats

Turkey

Chicken

Beef

Ham

Signature: _____

*Please note, if your child requires alternative foods/drinks due to allergies or parent preferences, we are required to keep a doctor's note on file stating these alternatives. Any questions please contact us at 630-892-2818.

Share And Care Learning Center

Name of Child: _____

Please circle all the table foods your child eats:

Breakfast & Snack

Wet Cheerios

Dry Cheerios

Toast w/ Butter

Fruits

Peaches

Pears

Bananas

Apple Sauce

Mandarin Oranges

Vegetables

Carrots

Green Beans

Peas

Broccoli

Cauliflower

Baked Beans

Refried Beans

Meats

Turkey

Chicken

Beef

Ham

Eggs

Fish

Sausage

Miscellaneous

Plain Noodles

Noodles in red sauce

Garlic Bread

Corn Bread

Biscuit

Cheese

Yogurt

Rice

Please check out the menu for the main course every day.

Signature: _____

*Please note, if your child requires alternative foods/drinks due to allergies or parent preferences, we are required to keep a doctor's note on file stating these alternatives. Any questions please contact us at 630-892-2818.

Infant/Toddler Classroom Authorization Form

Child's name: _____ Date of birth: _____

Permission to administer:

I give permission for the teaching staff at Share and Care Learning Center, INC. to administer the following products/ listed items*, throughout the school year starting _____ to _____ according to the manufacturer's instructions or as otherwise stated by a medical practitioner:

Product: Y = yes / N = no

Diaper wipes: _____

Teething gel: _____

Band-aids: _____

Baby lotion: _____

Sun block: _____

Vaseline: _____

Rash Ointment: _____

*Parent/families must supply these items (age appropriately) after consent is given. Other than band-aids, Share and Care does not provide any items from the list above.

Print Parent Name: _____

Parent Signature: _____ Date: _____

Emergency Contact Numbers:

1: _____

2: _____