



Infant Feeding Form

Site Name: _____ **Child's Name:** _____ **DOB:** _____

The center is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when your baby is developmentally ready for them.

My infant is currently taking _____ (type of) Formula.

Please choose all that apply.	0-1 months	2-3 months	4-5 months	6-8 months	9-12 months
I will bring breast milk for my infant.					
I will come to the center to breastfeed my infant.					

The Early Head Start Program will only feed foods to your infant that has been introduced at home first. We will not feed mixed food or baby food deserts because of reimbursement purposes.

Circle the food items your child is eating at home:

CEREAL	VEGETABLES		FRUIT		MEAT
Rice	Sweet Potatoes	Peas	Applesauce	Pears	Chicken
Barley	Pureed Corn	Squash	Bananas	Apricots	Turkey
Oatmeal	Green Beans	Potatoes	Prunes	Plums	Beef
Mixed	Spinach	Carrots	Peaches		Veal
	Mixed Vegetables				Ham
Other foods/Juice: _____					
Special Instructions (Restrictions, Allergies, etc.): _____					

0-1 Month Signature of Parent/Guardian: _____ Date: _____
 0-1 Month Signature of Head Start Staff: _____ Date: _____
 2-3 Month Signature of Parent/Guardian: _____ Date: _____
 2-3 Month Signature of Head Start Staff: _____ Date: _____
 4-5 Month Signature of Parent/Guardian: _____ Date: _____
 4-5 Month Signature of Head Start Staff: _____ Date: _____
 6-8 Month Signature of Parent/Guardian: _____ Date: _____
 6-8 Month Signature of Head Start Staff: _____ Date: _____
 9-12 Month Signature of Parent/Guardian: _____ Date: _____
 9-12 Month Signature of Head Start Staff: _____ Date: _____
 1 Year Signature of Parent/Guardian: _____ Date: _____
 1 Year Signature of Head Start Staff: _____ Date: _____