



NDC Food Program Infant Participation Form (0–11 months)

All information below must be completed by the parent/guardian only:

Your child care provider participates in the USDA Child and Adult Care Food Program (CACFP) and is reimbursed for serving meals/snacks that meet meal pattern requirements. Your child care provider is required to offer all children this federally funded USDA program, offer meals/snacks at no additional charge, offer one brand of iron fortified infant formula and offer complementary foods (iron fortified infant cereal, fruits/vegetables, and meat/meat alternates) when developmentally appropriate.

Please list which meals and snacks each child will receive, or indicate with a P if that meal is possible (abbreviations are BRK for breakfast, SNK for snack, LUN for lunch, SUP for supper).

First/Last Name of Your Child(ren)	Date of Birth	List if a Foster Child	BRK	AM SNK	LUN	PM SNK	SUP	EVE SNK

Indicate your choice of CACFP participation for your infant by checking one of the following statements:

- I breast feed my baby. I choose to supply expressed breast milk to my caregiver to administer at feeding time. Other foods (I.e. iron fortified infant cereal, fruits, vegetables, meats etc.) will be provided by my caregiver when age-appropriate, consistent with food program guidelines.
- I formula feed my baby. I choose to accept the iron-fortified infant formula _____ (list name of formula) that my caregiver supplies. In addition, other foods will be provided by my caregiver when age-appropriate, consistent with food program guidelines.
- I formula feed my baby but choose to supply my own formula rather than the formula my child care provider supplies. My caregiver will provide all other foods when age appropriate, consistent with food program guidelines.
- I choose to not enroll my child in the food program and choose to provide all infant foods for my child.

Circle the days of the week your child(ren) will USUALLY be present in the day care home, indicate a P if that day is possible.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

List child(ren)'s usual time of arrival and departure: From _____ to _____

Circle if you may need your child care provider for any of the following that may vary from the USUAL schedule indicated above:

Weekend Care Holiday Care Overnight Care

Is the child related to the provider? Yes No If yes, what is the relationship? _____

If your child is new to this day care home, list your child's start date: _____ Check if NOT NEW to this day care.

Select One or More

- Ethnicity:** Hispanic or Latino Not Hispanic or Latino
- Race:** American Indian/Alaskan Native Asian White Other
- Native Hawaiian/Pacific Islander Black or African American

Parent Signature _____ Your Printed Name _____

Address _____ Date _____

Home Phone _____ Work Phone _____ May NDC contact you at work? Yes No

For Child Care Provider Use Only: I certify that the children listed above are enrolled in my child care home and will be served meals that meet USDA requirements at no extra charge to the parent. I also certify that I have offered the following brand *_____ of iron fortified infant formula to the parent/guardian. I also certify that the legal guardian has completed the child enrollment information.

Child Care Provider Signature _____ (You must fill in IFIF that you offer *) Date _____

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