

**Child and Adult Care Food Program
Enrollment Supplement for Infants**

Directions: This enrollment supplement must be completed for all infants in care at the time of enrollment to determine responsibility for providing infant formula as part of the Child and Adult Care Food Program. Please have the parent sign and date the form. Send the white copy to the office and keep the yellow copy in the child's file.

Infant Name: _____ Date of Birth _____

Center Location: _____

Formula offered by Treasure House Child Development Center: _____

PARENT CHOICE (Please indicate choice below)

_____ Treasure House will supply infant's formula

_____ The parent will supply infant's formula / breastmilk

Indicate Breastmilk or type of formula

If the above formula does not meet the CACFP requirements, please attach a copy of the physician's medical statement recommending this type of formula. Low iron formulas require physician's medical statement.

Are there any special circumstances or conditions indicated by the infant's physician?

As a parent of the above named child understand that I may change my decision regarding supplying infant formula with proper notice.

Parent's Signature: _____ Date: _____

Director's Signature: _____