



**Northeastern  
Child Care Services**

1356 N. Washington Avenue, Scranton, PA 18509  
(570) 341-0811  
1(800) 252-0811

**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.

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

Center Location: \_\_\_\_\_

Formula **offered** by Day Care Provider: \_\_\_\_\_

*This information must be completed or form will be returned*

**PARENT CHOICE (Please indicate choice below)**

\_\_\_\_\_ The day care provider will supply infant's formula

\_\_\_\_\_ The parent will supply infant's formula

\_\_\_\_\_ Indicate Breastmilk or type of formula

Please consult master list for Allowable Infant Formulas for the CACFP.

**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 mind regarding supplying infant formula with proper notice.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_