

**Delaware Parents Association-CACFP**

**Infant Care**

ProviderCenter \_\_\_\_\_ Phone# \_\_\_\_\_

Infant \_\_\_\_\_ Formula Type: \_\_\_\_\_ DOB: \_\_\_\_\_

My Infant/Child May be served the following:

**Fruit** (Please circle all that apply)

Applesauce Pears Bananas Peaches Plums Beets

Other: \_\_\_\_\_

**Vegetables**: (Please circle all that apply)

Carrots Corn Green Beans Peas Peaches Spinach Squash Sweet Potatoes

Other: \_\_\_\_\_

**Cereal**: (Please circle all that apply)

Rice Barley Oatmeal

Other \_\_\_\_\_

**Meat**: (Please circle all that apply)

Chicken Turkey Ham Veal

Other \_\_\_\_\_

Other Comments on back

By signing this form you are hereby certifying that the home has offered an infant meal (formula and food) for your child. Please indicate your choices below:

1. You are declining the infant formula and will provide this item for your child(ren)
2. You are declining all offerings of formula and food and will provide these items for your child(ren)
3. You are accepting the choices indicated above.

Age	Indicate Choice #	Child's Entry Date	

Parent Name: \_\_\_\_\_ Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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