

# VIRGINIA CACFP INFANT FEEDING PREFERENCE / PARENT CHOICE FORM

Name of Infant

Date of Birth

(first/last name)

month/day/year)

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

United Community's Early Learning Center will feed your infant breast milk provided by you and/or we will provide iron fortified infant formula. The formula we provide is: \_\_\_\_\_.

Policy requires a center participating in the CACFP to offer iron fortified formula to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's formula.

**Please mark your preference**  
(choose all that apply by initialing in the appropriate space)

Today's Date \_\_\_\_\_  
**Birth - 3 months**

Today's Date \_\_\_\_\_  
**4 - 7 months**

Today's Date \_\_\_\_\_  
**8 - 11 months**

I will bring expressed  
breast milk for my infant

I will come to the center  
to breastfeed my infant.

I want the center to provide  
formula for my infant

I will bring formula for my  
infant. The formula is: