

Baby's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dear Parent/Guardian:**

This center/provider participates in the Child and Adult Care Food Program and we will give your baby \_\_\_\_\_ (name of formula) and solid food. If you want to bring your own formula or food, you can do that instead. Please let us know your choice by checking below.

<b>FORMULA (CHECK ONE)</b>	<b>FOOD (CHECK ONE)</b>
<input type="checkbox"/> The center/provider can give my baby the formula they buy.	<input type="checkbox"/> The center/provider can give my baby solid foods when I tell them the baby is ready.
<input type="checkbox"/> I will bring breast milk or formula for my baby.	<input type="checkbox"/> I will bring solid foods for my baby.

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