



Child withdrew on \_\_\_\_\_

*Lehigh Valley Childcare, Inc.*  
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 (CACFP). Please have the parent sign and date two forms. Send one to your sponsoring organization and keep the other as part of the infant's enrollment file.

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

Home Site: \_\_\_\_\_

PARENT CHOICE: (Please check one)

\_\_\_\_\_ The Home will furnish infant's formula.

\_\_\_\_\_ The Parent will furnish the infant's formula/ breast milk

\_\_\_\_\_ Indicate Type of Formula or Breast Milk

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

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Home Provider

\_\_\_\_\_  
Date

**\*IF MORE THAN 8 HOURS OF CARE PER DAY, PLEASE CHECK ALL THAT APPLIES OR CHECK OTHER AND GIVE EXPLANATION. PARENT SIGNATURE IS REQUIRED.**

\_\_\_\_\_ TRAVELING TIME TO AND FROM MY JOB REQUIRES MY CHILD TO NEED MORE THAN 8 HOURS OF CARE.

\_\_\_\_\_ OTHER (EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_