

Statement Regarding Infant Feeding

Name of Infant: _____ Date of Birth: _____

Bethlehem Preschool participates in the Child and Adult Care Food Program (CACFP) through the NYS Department of Health. Regulations require that we **offer to parents** the option of providing an iron fortified infant formula and other meal components for their infant 6 weeks to 12 months. Each parent must choose one of the below options for his/her infant. An explanation of these options follows.

If you choose the option for Bethlehem Preschool to provide for your infant's complete meal needs, **we will not provide individual formulas other than _____ and we will not provide store purchased infant jar food.** Bethlehem Preschool is also required to provide the bottles and nipples, which may not be the same as those that you use at home. We will use tap water to prepare the formula which is then heated to appropriate temperature in hot water. Pureed foods based on the Bethlehem Preschool's lunch menu will supplement formula for infants 4 months and older. Pureed food choices could be limited and may not meet the needs of infants just being introduced to certain foods.

If you choose the option to provide your own formula and food, we ask that you provide an adequate amount of formula **of your choice** for your infant each day (**either already prepared in the bottles, or powder measured in the bottles of your choice.**) Also please provide a supplemental source (powdered or canned) that can be prepared if needed. Preschool staff must be provided instructions on proper preparation of the formula. When your child is ready to supplement formula with baby cereal or other pureed foods, please provide the food of your choice (jarred or home-made) based on your child's needs and your pediatrician's recommendations. Bethlehem Preschool will provide your child with finger foods (Cheerios, crackers, etc.) when appropriate and only after consultation with you. We will consult with you as to when to add other appropriately prepared "table foods" from the lunch menu.

Please read and acknowledge the following and sign below.

! Staff members of Bethlehem Preschool's Infant Room have my permission to prepare infant formula for my child, _____, as needed.

! Each parent must choose one of the following options for his/her infant.

___ 1. I decline the provider's offer to supply infant formula and other meal components for my child. **I will provide all foods and formula or breast milk for my infant until he/she is eating off of the Bethlehem Preschool's menu.**

___ 2. I accept the provider's offer to supply _____ and other meal components for my child. **Bethlehem Preschool will provide all foods and formula for my infant.**

___ 3. I decline the provider's offer to supply _____ for my child. **I will supply the formula. I accept the provider's offer to supply other meal components.**

___ 4. **I will supply breast milk for my child. I accept the provider's offer to supply other meal components.**

Parent Signature

Date