Dear Parent:

By participating in the Child and Adult Care Food Program, our center is required to offer at least one brand of iron-fortified infant formula to infants enrolled for care in our center. Our center offers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to all enrolled infants. If you do not wish for us to serve this brand of formula to your child(ren) you will be required to provide the formula for your own child(ren).

**Mark your choice below and complete the section at the bottom of the page. This form must be returned before your infant may attend our center.**

* I accept the brand of iron-fortified infant formula offered by the center and request that the center provide the formula for my child.
* I decline the brand of iron-fortified infant formula offered by the center and have chosen to supply my own infant formula.

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

Infant’s Name Date of Birth

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

Parent’s Name (please print or type)

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

Parent’s Signature Date

This institution is an equal opportunity provider.