Provider Name: _____

NUTRITION PLUS, INC.

Infant Offer Form

As a participant in a USDA Child Nutrition Program, our childcare facility/provider offers meals to children of all ages, including infants. Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods are served appropriate for the age and developmental readiness of your infant. To better meet your personal preferences and infant's needs, you may choose as many options as you like from the list below and update as your infants' feeding needs progress. A new infant offer form is not required when changes are made; however, whenever changes are made please initial and date the changes.

Infant Name: _____ Date of Birth: _____

☐ I will provide breastmilk for my infant.
- ❑ Center/Provider provided formula may be used to supplement feedings, if necessary.

☐ I would like to breastfeed on site, if this option is available.

☐ I accept the _____ Iron Fortified Infant formula.
name of formula offered by center/provider

☐ I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): _____

☐ I will submit a Meal Modification Request Form for non-reimbursable formula.
Name of formula: _____

☐ I accept the following center/provider provided solid foods (appropriately textured) to be served to my infant as s/he is developmentally ready for them, and after I have discussed it with the caregiver.
- ❑ Iron Fortified Infant Cereal
- ❑ Grains
- ❑ Vegetables
- ❑ Fruits
- ❑ Infant Meats/Meat Alternates

☐ I decline all infant food offered by the center/provider and will provide solid foods for my infant.
- ❑ Iron Fortified Infant Cereal
- ❑ Grains
- ❑ Vegetables
- ❑ Fruits
- ❑ Infant Meats/Meat Alternates

Parent Signature: _____ Date: _____

This institution is an equal opportunity provider.