

Nia Infant, Toddler, & Child Development Center
Early Head Start / Child Care Partnership

“Young Minds Strengthened Through Faith and Knowledge”

2007 Helm Ave. North Charleston, SC 29405

Office (843) 746-9377 Fax (843) 746-9337

www.niachildcare.com

South Carolina Department of Social Services

INFANT STATEMENT

From: Child Care Center/Provider: _____

Sponsoring Organization: _____

To: Parent/Guardian of Infant(s) in Child Care

I am required by the Child and Adult Day Care Food Program to offer a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child's age, at no additional charge.

I am required to offer an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified _____. There will be no additional charge to you, if you would like your infant to receive the formula and/or age appropriate food that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula or other food items.

Parent/Guardian, please check the following statement that applies to you. Then sign and date below:

Name of Infant: _____ Birth Date: _____

I would like the child care provider to serve my infant the iron fortified infant formula listed above. When my child is developmentally ready, I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.

I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: _____. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child when developmentally ready.

I will supply the breast milk on site or express. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child to my child when developmentally ready.

I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant. The name of the formula I will provide is _____.

Note: You will need to provide a medical statement for exempt formulas such as Nutramigen, NeoSure or Alimentum.

If there are any changes from your above selection, a new form is required.

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

Nia Infant, Toddler, & Child Development Center
Early Head Start / Child Care Partnership

"Young Minds Strengthened Through Faith and Knowledge"

2007 Helm Ave. North Charleston, SC 29405

Office (843) 746-9377 Fax (843) 746-9337

www.niachildcare.com

Child Medical Statement

This is to certify that I have examined _____ on ___/___/___ and found that he/she:

1. Has had the immunizations required by the state for admission to school or is exempted from these requirements for medical reasons.

Immunization Record: (Enter Month/Day/Year or each immunization)

DTP 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Polio 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR 1. _____ **HIB** 1. _____

Physician's Comments (allergies, food restrictions, etc.): _____

2. Based upon his/ her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment in a child day care facility.

Physician's Signature

Child's Name

Street Address

Parent's Name

City, State, Zip Code

Street Address

Telephone Number

City, State, Zip Code

Telephone Number