



Milk Alternative Form

I _____ plan to opt out of the school milk and provide milk or its nutritional equivalent to meet the *MyPlate* Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide milk for my child, I understand that the program will provide supplemental food and drink.

Parent Signature

Date



Nutrition Opt Out Form

Child Care Rules .0901(da) and .1706(cs) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (ha) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 100-91(2)h. A statement acknowledging the parent's decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drinks as long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks, and drinks for my child and do not want his/her meals, snacks, or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks, or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian

Date



Juice Alternative Form

I _____ plan to opt out of the school providing juice and provide a fruit substance in its place to meet the Meal Patterns for Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Parent Signature

Date



Infant Feeding Schedule

The information you provide below will help us to do our very best to help your baby grow and thrive.

Child's Name: _____ Date: _____

Date of Birth: _____

GENERAL INSTRUCTIONS:

Please tell us about your baby's feedings at our center.

I would like my child to be fed the following while in your care, please circle:

- **Daily Bottles** (Formula, Breastmilk, Cow's Milk, Other)

How many bottles you bring from home daily: _____

** All bottles must be labeled with your child's first name/last name & current date:*

- Amount in bottles: _____ oz. _____

- How often does your child feed: _____

I would like my child to be fed the following while in your care, please circle:

- **Food** (Cereal, Baby food, Table food/School lunch, Other)

** All cereals & baby foods must be labeled with your child's first name/last name & current date:*

** If school lunch, please highlight what your child can eat on AEL's current menu.*

- How many oz. of cereal/baby food: _____

- Mixed with how many oz. from your child's bottle: _____

- How often does your child eat cereal/baby food: _____

- Does your child use a pacifier? Yes No

- If sleeping, wake my child up to feed? Yes No

******Must be completed for All children less than 15 months old.**

******Must be posted in classroom.**

******Must be updated and signed by the parents every month.**

Parent Signature: _____ Date: _____