

CHILD EDUCATION CENTER

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Infant/Toddler Needs and Service Plan

*This needs and service plan will be updated every 3 months

Date: _____

Child's Name _____ Date of Birth: _____

Parent 1 Name: _____ Best Contact Number: _____

Parent 2 Name: _____ Best Contact Number: _____

Feeding

____ Bottle; Formula (What Brand) _____ ____ Breast Milk Uses a Sippy cup: Yes No

What is your child's feeding schedule? _____

What is the longest period of time you allow your child to go between feedings? _____

What needs does your child have during their feeding: (ex. Needs to always be burped, sit up after feeding, etc.)

Foods

Does your child eat: Baby Foods _____ Table Food _____ (menu will be provided)

List all food allergies, food sensitivities, or feeding issues: _____

Any special instructions you would like us to follow regarding your child's eating pattern? _____

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Sleeping

Does your child use a pacifier? ___ Yes ___ No

How many naps is your child taking? _____

Can you tell us anything about your child's sleeping habits that might be helpful? _____

*** It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.**

Diapering

Are there any specific creams or ointments to be used at diaper changing time other than the one designated on the Diaper Ointment form?

General Information

Does your child have any special needs? _____

Is there any other information you would like us to know about your child so we may give them the best possible care?

Parent Signature _____ Name Printed: _____ Date: _____

Parent Signature _____ Name Printed: _____ Date: _____

Primary Teacher Signature _____ Name Printed: _____ Date: _____

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Infant/Toddler Daily Schedule

Time	Feeding	Napping
6:30 am		
7:00 am		
7:30 am		
8:00 am		
8:30 am		
9:00 am		
9:30 am		
10:00 am		
10:30 am		
11:00 am		
11:30 am		
12:00 pm		
12:30 pm		
1:00 pm		
1:30 pm		
2:00 pm		
2:30 pm		
3:00 pm		
3:30 pm		
4:00 pm		
4:30 pm		
5:00 pm		
5:30 pm		

Additional comments:
