The Journey Begins

Infant/Wobbler Needs & Services Plan

Child's Information

Child's Name_____ Date of Birth_____

Parent's Name _____

Date Reviewed _____

Estimated Arrival Time _____

Estimated Departure Time_____

Siblings & ages: _____

Feeding Plan: ***Parents are responsible to provide all food and/or purchase the monthly snack program for $30.00 per month for Infants/Wobblers and $40.00 for Toddlers.***

□ I will participate in snack program □ I will provide ALL food and snacks for my child

Liquids:

Child is to be fed the following:

□ Breast Milk
□ Formulas-Brand _____
□ Milk-Special _____
□ Milk-Whole

Child now uses:

□ Bottle-How often & when _____

_____

□ Cup-How often & when _____

What age do you plan to introduce your child to:

□ Cup _____

Solid Foods:

Child is currently on solid foods? □ Yes □ No

Child can feed self? □ Yes □No

Do you plan on introducing your child to solid foods? □ Yes □ No

Child now uses:

□ Spoon □Fork

What age do you plan to introduce your child to:

□ Spoon _____ □ Fork: _____

Food Group Age Specific Food Consistency:

Breads & Cereals
□ Strained
□ Chopped
□ Whole

Fruits
□ Strained
□ Chopped
□ Whole

Vegetables
□ Strained
□ Chopped

Meats
□ Strained
□ Chopped

□ Whole □ Whole

Special instructions from child's pediatrician relating to diet: _____

_____
_____
_____
_____
_____

(It may be necessary for the family to provide the instructions on letterhead from the pediatrician's office with the doctor's signature.)

Feeding Schedule

How many ounces or cups per day? _____

Breast Milk: _____Formula: _____ Milk:_____

Water/Juices: _____

Approximately what time do you usually offer your child solid foods? _____

_____

Healthy foods child likes: _____

Foods child dislikes: _____

Food Allergies

List food allergies: _____

List any other type of allergies _____

Allergy special instructions: _____

Sleeping Patterns/Sleeping Scgedule:

Does your child take a nap in the morning? □ Yes □ No

Approximately what time? _____

Usually how long? _____

Does your child take a nap in the afternoon? □ Yes □ No

Approximately what time? _____

Usually how long? _____

Does your child use any transitional objects (blankets, pacifier, etc.) □ Yes □ No

If yes, what objects? _____

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*Please consider bringing a family picture and/or a lovey as this often helps with transition.

Medications:

Medication(s) taken (including inhaler/EpiPen): _____

_____

How often: _____

Diapering And Toilet Learning Plan:

Infants and Wobblers will be checked frequently and will be kept clean and dry. During arrival, the family will complete a diaper check before the family departs. Each family is required to provide the center with diapers, ointments and specific wipes if desired.

Child uses:

□ Disposable Diaper-Brand _____

□ Wipes-Brand _____

□ Training Pants-Brand _____

□ Potty Chair _____

□ Toilet

Any other products which family will supply to be used on your child _____

_____

Special Instructions _____

_____

_____

_____

Notes:

1. Our program does not authorize the use of powder in our center.
2. A completed Non-Prescription Medical Instruction, Consent and Waiver form on file for the use of topical, diaper ointments)

This form is required to be updated each semester as your child's needs change and reviewed with parent/guardian prior to being signed and approved by persons listed below.
The family will receive a copy of the updated plan each semester.

Parent/Guardian Signature Date

Primary Caregiver Signature Date

_____

Director Signature Date