Infants Needs and Services Plan

Please return to administrator

PLAY·OLOGY
Preschool & Playschool

Child's Name:_____ Date of birth:_____

Is your child: Sitting up? ☐ Yes ☐ No Crawling? ☐ Yes ☐ No Walking? ☐ Yes ☐ No

Using pacifier? ☐ Yes ☐ No ☐ Only when sleeping

Typical drop off time:_____ Typical pick up time:_____

FEEDING PLAN

Food Allergies: _____

What type of reaction can be expected?_____

Instructions from Physician relating to special diet or feeding:_____

☐ Breast Milk ☐ Formula: Brand/kind of formula:_____ ☐ No Bottles

How often?_____ Ounces per feeding?_____

Holds own bottle? ☐ Yes ☐ No Temperature of liquid? ☐ Warm ☐ Room Temp ☐ Cold
Eats solids? ☐ Yes ☐ No Food Consistency: ☐ Strained ☐ Finger Food ☐ Pouches ☐ Other:_____
Solids now in diet: ☐ Cereal ☐ Vegetables ☐ Meat ☐ Fruits
Schedule for introduction of solids and new foods:_____
Normal Time for Breakfast:_____ Lunch:_____ Dinner:_____Snack:_____
Schedule for Introduction of cups and utensils:_____
Beverages to be served with snack? ☐ Milk ☐ Juice ☐ Water
Water is served with every meal. Milk is served with AM snack and juice is served with PM snack.
Would you like your child to be served Play-ology provided snack: ☐ Yes ☐ No
(Served to children 12 months or older who have transitioned into our toddler group)
Food Likes/Dislikes:_____

TOILETING PLAN

☐ Disposable ☐ Cloth ☐ Pull ups ☐ Underwear
Use of Creams, Ointments: ☐ Yes ☐ No Name of Cream/Ointment_____
If yes: Parent Consent for Administration of Medications Form will be needed.

Potty Training at home? ☐ Yes ☐ No Methods:_____
Regular toilet? ☐ Yes ☐ No (Boys): ☐ Sit ☐ Stand · Needs to be reminded? ☐ Yes ☐ No

INDIVIDUAL SLEEP PLAN

Nap Times:_____ Duration:_____

Signs of tiredness:_____ Favored sleep position:_____

Use Sleep Sack: ☐ Yes ☐ No Child has rolled over on own: ☐ Yes ☐ No

Other Information/ comments:_____

This plan shall be updated and signed quarterly or as needed to reflect changes in any of the areas specified above. This plan must be completed prior to infants first day at the center and should be developed by Director or Assistant Director, Parent, and/or infant's physician.

_____ _____
Parent Signature Date Director Signature Date

_____ _____
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_____ _____
Parent Signature Date Director Signature Date