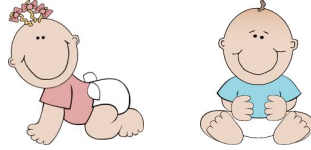


# Adventures In Learning



## Infant Needs and Care Plan

This form will help not only the staff but more importantly your little one. If you can better familiarize us with your child's daily routine we can make this an enjoyable and beneficial experience. A new form needs to be completed by you quarterly.

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **SLEEPING INFORMATION:**

Where does your child sleep/nap? (i.e. in a crib, in bed with parents, etc.): \_\_\_\_\_

\_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

\_\_\_\_\_

Does your child have a favorite toy or security object they sleep with? \_\_\_\_\_

\_\_\_\_\_

Approximately what time(s) and for how long does your child nap? \_\_\_\_\_

\_\_\_\_\_

In what position does your child sleep? \_\_\_\_\_

\_\_\_\_\_

### **DIAPERING INFORMATION:**

We do not use powder at diaper changes, based on recommendations of the American Academy of Pediatrics, American Medical Association, and the Department of Public Health.

If you use any jellies or creams on your child when diapering, what kind? \_\_\_\_\_

If you provide non-prescription ointment, it will be applied as needed. Prescription ointments must be in the original container and the medication policy will apply.

Does your child resist diaper changes? \_\_\_\_\_ If so, what do you do? \_\_\_\_\_

\_\_\_\_\_

**FEEDING / EATING INFORMATION:**

Is your child breast-fed or bottle-fed: \_\_\_\_\_ What kind of formula? \_\_\_\_\_

Do you burp your child? \_\_\_\_\_ In what position and how often? \_\_\_\_\_

Are there any special instructions from your child's physician relating to special diet or feeding? \_\_\_\_\_

What kinds of solid foods does your child eat? \_\_\_\_\_

What is the schedule for introducing new foods? \_\_\_\_\_

Food allergies: \_\_\_\_\_

Food likes or dislikes: \_\_\_\_\_

**Feeding Schedule**

WHAT TIME	WHAT FOOD	HOW MUCH

Does your child use a cup or utensils? \_\_\_\_\_

**GENERAL INFORMATION:**

Does your child have any favorite toys or activities? \_\_\_\_\_

For young infants – When playing does your child have any position they favor or dislike? \_\_\_\_\_

What do you do if your child becomes fussy and all his physical needs have been met? \_\_\_\_\_

Additional information that you think will be helpful in caring for your child \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_