



Adventures In Learning

Older Infants (Toddler) Needs and Care Plan



This form will help not only the staff but also, 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:

Naptime in the toddler room is from 12:00 – 2:00. The children begin falling asleep as early as 11:30 and are allowed to sleep until they wake up.

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? _____

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:

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? _____

Food allergies: _____

Food likes or dislikes: _____

Toddler Feeding Schedule

7:00 – 8:00 Breakfast

8:45 Morning Snack

11:15 – 12:00 Lunch

3:15 Afternoon Snack

GENERAL INFORMATION:

Does your child have any favorite toys or activities? _____

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 _____

In order to provide the best possible care for your child, we feel it is important for us to work as a team. You and the teachers both bring valuable dimensions to your child's development. With mutual respect and clear communication, your child's growth at Adventures In Learning can be a happy and rewarding experience.

Parent's signature _____ Date _____