

Individual Care Plan Family Information Form

Child:
Child's Date of Birth:
Teacher:
Family Member(s):
Date:

Arrival

What time will you usually arrive at the center?

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use?

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back?

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

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Eating

Babies:

Are you breast-feeding or bottle-feeding your baby?

If breast-feeding, will you come to the center to breast-feed? **Y / N**

If so, at what time?

If not, will you send expressed breast milk?

If bottle-feeding,

What kind of formula do you use?

How do you prepare the bottles?

How much do you prepare at one time?

How much does your baby drink at one time?

Does your baby drink bottles of water during the day? **Y / N**

If so, when and how much?

Is your baby eating solid foods? **Y / N**

If so, which ones?

When?

How do you prepare your baby's solid foods?

How much does your baby eat at one time?

How is your baby used to being fed (in what position)?

Does your baby eat any finger foods? If so, which ones?

All Children:

What are some of your child's favorite foods?

What foods does your child dislike?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

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Dressing

Is there anything special that we should know about dressing and undressing your child?

Awake Time

How does your baby like to be held? What position does your baby prefer when awake?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What does your child like to do when awake?

How do you play with your child?

Departure

What time will you usually come to pick up your child?

What will help you and your child say hello to each other at the end of the day?

Child's Name: _____

Please fill in this chart as specifically as possible, as it will be hung in your child's classroom and used to help our staff maintain consistency with home. We look forward to forming bonds with your entire family that will assist us in helping your child to grow and embark upon their many developmental milestones. (Examples: Does your child self-feed? Or like to be fed a bottle? What temperature does your child like their food and bottles? How does your child fall asleep?)

Time	Activity	Helpful hints
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		

What your child will need:

1. Labeled bottles/sippy cups
2. Formula/Breast Milk
3. Water to mix with formula
4. Any food or snacks that your child will need for the day (all labeled)
5. Diapers (we will supply wipes. We use unscented, sensitive skin wipes. If you prefer we use something else please provide them).
6. Extra clothes
7. Light blanket for napping, (we supply the sheets as they are a special size to fit the crib mattress)
8. Bibs if needed
9. Feeding utensils if needed