

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? **Y / N**

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?

Individual Care Plan
Family Information Form, continued**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?

Individual Care Plan
Family Information Form, continued**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?