



**Infant Needs and Service Plan**

To be Completed for all children up to 24 months old

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**Parents:** To meet the individual needs of your child, please complete this form for your infant's daily needs in order for us to provide quality service to your child. This form will need to be updated every 90 days as your baby grows and their needs change.

**Diet Information**

Please check Yes or No or N/A. Please fill in blanks where applicable.

YES NO N/A \_\_\_\_\_

- \_\_\_\_ 1. My child may have homogenized milk provided by the center.
- \_\_\_\_ 2. My child may have one of the following formulas provided by the center:  
Enfamil or Prosobee (please circle one)
- \_\_\_\_ 3. I will provide \_\_\_\_ formula or \_\_\_\_ breast milk for my child. Formulas provided by parents must be correctly labeled.
- \_\_\_\_ 4. Cereals your child has been introduced to \_\_\_\_\_
- \_\_\_\_ 5. Baby Foods your child has been introduced to \_\_\_\_\_
- \_\_\_\_ 6. Table Foods your child has been introduced to \_\_\_\_\_
- \_\_\_\_ 7. Any Food Allergies? To what \_\_\_\_\_
- \_\_\_\_ 8. Does your child feed themselves? \_\_\_\_ fingers \_\_\_\_ utensils
- \_\_\_\_ 9. Does your child drink from a \_\_\_\_ bottle \_\_\_\_ sippy cup \_\_\_\_ open cup?

**Sleeping Information**

Approximate current sleep schedule: \_\_\_\_\_

Parents comments for teachers: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_