

Kinder World
Preschool and Child Care

Infant/Toddler Needs and Services Plan

Child's Name _____ Nickname _____

Family and Home: There is no one more important to the child than the people in their family. Letting us know about these special people in your child's life, and what is important at home to make them more comfortable here, will help us be more responsive to your child. ___ *There have been no changes at home for all information below since the last update.

If either parent does not live with your child, please describe your child's relationship with that parent:

Are there other significant people in your child's life you would like for us to be aware?

Is there more than one language spoken in your home? Yes No

a. If yes, what language? _____ b. Spoken by whom? _____

Child's Feeding Pattern

1. How often? _____

2. How does child tell you they are hungry? _____

3. Kinder World uses Kirkland brand. Kinder World may use the Kirkland formula in regular soy

a. I prefer to supply my own formula Type/brand of baby formula used? _____

b. My child is breast fed. I will bring breast milk I will nurse at Kinder World

4. My child drinks from a bottle Drinks from a cup How often? _____

a. Liquids: Warm Cold Room Temperature

5. Infants: What baby foods/solids does your child eat? _____

Child's Sleeping Pattern

1. Usual nap times _____

2. Does your child use a comfort object at naptime? Yes No If yes, what? _____

a. What is your child's word for:

Bottle _____ Pacifier _____

Blanket _____ Stuffed animal _____

3. How do you help your child go to sleep? Rocking Back Rub

a. Child lays down by themself Other _____

4. Child sleeps on: Back Side

Is there any additional information that may be helpful to the staff?

Parent/Guardian Signature

Date

Kinder World Signature

Date