



LIC # 3761005557

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**Feeding Schedule**

Is your child breast feed?            YES            NO

Is your child bottle feed?            YES            NO

Type of bottle: \_\_\_\_\_            Type of nipple: \_\_\_\_\_

Type of Formula: \_\_\_\_\_

Does your child need to be burped?            YES            NO

Does your child have any feeding problems? YES            NO

If so what feeding problems does he/she have? \_\_\_\_\_

What is your child's feeding schedule?

Juice/Water

Food

Milk/Formula

Breakfast: \_\_\_\_\_



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Snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Dinner: \_\_\_\_\_

*Please be specific with foods, amounts and time given.*

**Toileting**

How often does your child have a bowel movement? \_\_\_\_\_

Appearance of bowel movement \_\_\_\_\_

Does your child frequently have diaper rash?      YES      NO

How is it treated? \_\_\_\_\_

**Daily Log**

Your child's care giver will complete a daily log of your child's daily activities including

Arrival and departure times \_\_\_\_\_

Feeding times and amounts \_\_\_\_\_

Diapering \_\_\_\_\_

Sleeping \_\_\_\_\_

Daily Activity \_\_\_\_\_



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**General Information**

Does your child use a pacifier? \_\_\_\_\_

Does your child like to be held? \_\_\_\_\_

Are there any people, things or experiences that are frightening to your child? \_\_\_\_\_

\_\_\_\_\_

What is the best way to comfort your child \_\_\_\_\_

Does your child need a special blanket/toy to sleep with? \_\_\_\_\_

**Special Needs**

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*This needs and service plan will be updated every three (3) months.*