

# 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?

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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?