



Infant Needs and Services Plan

Date:

Parents Name:

Child's Information	
Child's Name	
Date of Birth:	
Current Age:	
Parents' Phone Numbers:	

Feeding Plan	
Food Allergies:	
Allergic Reaction to be expected:	
Bottle Fed?	Yes No How often? _____
Breast Fed?	Yes No How often? _____
Milk (circle one)	Breastmilk Formula Cow's Milk Other: _____
How many ounces of milk per feeding?	
Holds own bottle?	Yes No
Position while feeding:	
Temperature of milk:	Warm Room Temperature Cold Other: _____
What liquid served with meals? (circle one)	Milk Water None (please note we do not serve juice at LPE)
Solids:	Yes No How often? _____
Temperature of solids:	Warm Room Temperature Cold Other: _____
Feeds Self?	Yes No
Foods introduced already at home: (*please note that foods must be first introduced at home prior to being served at school)	

Diapering Plan	
Diapers	Cloth Disposable None/Uses the toilet
Creams/ointments	Type: _____ How often: _____
Bowel movement consistency	Solid Semi-Solid Loose
BM schedule	Time of day: _____ # per day: _____ Type: _____
Any special instructions for diapering?	
Words used for BM	
Words used for urination	
Toilet Learning	Please refer to our "Toilet Learning at LPE" page on our website under "Programs: Preschool" for more information on toilet learning at LPE.

Individual Sleep Plan	
Nap Schedule	Times: _____ Duration: _____
Favorite sleep position:	_____ Back _____ Side _____ Stomach (*infants under 1 year old will only be placed to sleep on their back)
Sleep sack/swaddle?	Yes No (*we cannot swaddle babies with a blanket, but can use a sleep sack or pre-made swaddle sack)
Does child take to bed:	_____ Bottle _____ Pacifier _____ Favorite blanket/lovey _____ other (*infants under 1 year old cannot have any items in their crib with them)
Sleep problems	_____ Nightmares _____ Sensitive sleeper _____ Breathing problems
Naps at LPE	Please note that once children turn 1 year old, they will be expected to be on a one-nap a day schedule and will nap on a mat with the classroom.

Special Needs	
Does your child require any special attention or special routines?	Please explain:
Parent Comments:	

Parent Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

*Please note that this form will need to be completed each quarter to ensure that we are providing the most up-to-date care for your infant. As you know, infant's needs change very often, and so please inform your child's teacher if anything changes on this quarter's Infant Needs and Services Plan.

Thank you for the pleasure of caring for your sweet little one! We are proud to be a part of your village.

-Le Petit Elephant Nursery and Preschool