

Permission to Sleep on a Cot:

According to DELACARE Rule 224.E, a child between the ages of 12 and 18 months and walking may sleep on a cot with written permission form the child's parent/guardian.

I, _____, parent of _____,
give permission for my son/daughter to sleep on a cot in the Little Ants
classroom. I understand that a staff person will initially sit beside my toddler
until he/she falls asleep.

Parent Signature: _____ Date: _____



Infant/Toddler Care at GiggleBugs Early Learning Center:

We are excited your child, _____, will be starting at GiggleBugs Early Learning Center on _____.

Your child's classroom will be: (Circle One)
Itty Bitty Inchworms or Little Ants

You may drop off as early as _____ AM.
You must pick up no later than _____ PM.

Your child's main caregiver will be: Ms. _____.
Your child's secondary caregiver will be: Ms. _____.

Please initial each item:

_____ I understand that I may not bring my child into the classroom in a car seat. All car seats must be left behind the sign-in counter or in the conference room.

_____ I understand that I may not leave a diaper bag in the classroom. Instead, I will bring all the items needed for my child and give them to the teacher.

_____ I understand that I must bring 4 bottles **already made up** with what is to be given to my child. Each bottle must be labeled with the following: Child's Name, Date, Time the bottle was prepared. These should be placed in the classroom refrigerator in your child's bin.

_____ I understand that GiggleBugs must place my child to sleep in a compliant crib and cannot place a blanket, pillow, stuffed animal, or any other soft item in the crib with my child.

_____ I must provide all food for my child until he/she is 12 months of age. At 12 months of age, my child will begin eating off of the GiggleBugs' menu.

_____ At 12 months of age, GiggleBugs staff must provide whole milk for my child instead of formula unless there is a physician's note stating otherwise.

_____ At 12 months of age, GiggleBugs gives milk in soft topped sippy cups rather than a bottle.

_____ GiggleBugs staff will follow a schedule that you provide for your infant. If you do not yet have your child on a schedule, we will recommend one based on your child's age/development.

What to Bring for My Child:

- A pack of Diapers
- A pack of Wipes
- 2 sets of extra clothes in a ziplock bag labeled with my child's name
- Pre-made bottles (at least 4), baby cereal, baby food
- Pacifier and special blanket and/or luvy
- Sunscreen (May through September)

Getting to Know Your Infant:

Please complete this form for your infant ages 3-18 months. It will help us get to know your child better. Thank you! ☺

Child's Name: _____ Child's Date of Birth: _____
Child's Birth Weight: _____ Premature _____ Full Term

Child's General Mood: (Mostly happy, fussy, colicky, etc) _____

Is your child: Bottle Fed Breast Fed
How do you give bottle: Room Temperature Warmed Cold

Does the infant hold his/her own bottle? YES NO

Is the infant on formula or milk? _____

What kind of formula or milk do you use? _____

Is the child on baby cereal? YES NO If yes, what kind? _____

Is the child on baby foods? YES NO

If yes, what kinds have been introduced: _____

Food Likes: _____

Food Dislikes: _____

Has table food been introduced? YES NO

If yes, what kinds? _____

List the amounts & types of foods and times your child typically eats below:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or be breast fed before arriving? _____

Will your child need breakfast? _____

Does your infant use a pacifier? _____ When? _____

Does your child have a special comfort item? YES NO

If yes, what is it? _____

Does your infant sleep through the night? _____
If not, how often do they wake and what do you do when they wake-feed, rock, change? _____

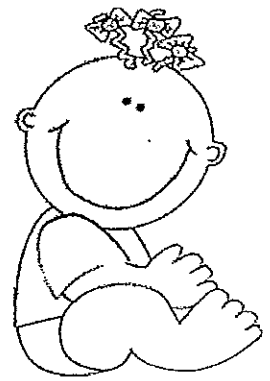
When does your child wake in the morning? _____
When does your child nap in morning? _____ afternoon? _____

If your child is under 12 months, he/she will sleep in a crib that meets federal compliance guidelines.

If your child is between 12-18 months *and walking*, please sign to give permission for your child to sleep on a toddler cot.
Signature: _____ Date: _____

Please list any other important information or special instructions on the care of your infant below:

Signature: _____ Date: _____
Relationship to Child: _____



Daily Schedule For:

Assigned to: Miss _____

Emotional Cues:

ARRIVAL TIME:

BREAKFAST TIME:

MORNING NAP:

LUNCH:

AFTERNOON NAP:

SNACK:

DEPARTURE TIME:

ADDITIONAL NOTES:

Parent Signature

Date



INFANT FEEDINGS: "ALL ABOUT ME"

This optional form may be used to help providers comply with the Delacare regulations:
Delacare Rule #64 (Early Care & Education & School Age Centers), Delacare Rule #283 (Family Child Care Homes) & Delacare Rule #337 (Large Family Child Care Homes)

Date of Completion: _____

1) Child's Name: _____

2) Date of Birth: _____

3) Does your child have any known food allergies?

Yes No

If Yes, please list the allergies and describe your child's reaction(s) if exposed:

4) Please check any/all that are applicable:

Formula Name of Formula: _____

Breast Milk

Amount (ounces) of formula or breast milk in each bottle: _____ oz.

Updates to feeding amounts:

Date: _____ Amount: _____ oz. Parent Initials: _____

Date: _____ Amount: _____ oz. Parent Initials: _____

Date: _____ Amount: _____ oz. Parent Initials: _____

Date: _____ Amount: _____ oz. Parent Initials: _____

Baby Cereal(s) and/or Semi-Solid Foods: Please list the approved cereal(s) and/or semi-solid foods:

Updated list of approved baby cereal(s) and/or semi-solid foods:

Date: _____ Foods: _____ Parent Initials: _____

Date: _____ Foods: _____ Parent Initials: _____

Date: _____ Foods: _____ Parent Initials: _____

5) If your child is permitted to eat solid foods, please review the attached menu. Circle the approved foods and note the date approval was given. If your child is eating solid foods, he/she will follow the meal/snack schedule of the Center.

6) Parent(s)/Guardian(s) Suggested Feeding Schedule:

Approximate Time	Bottle/Food #1	Bottle/Food #2 (if applicable)

7) Comments:

Parent/Guardian Signature

Date