



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/kept to sleep on their back)
Sleep	My child can climb out of a crib _____ Yes _____ No
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 a child can climb out of a crib, they will be transitioned to a nap mat on the floor for naps at LPE.

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 or as your child's needs change 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 complete a new Infant Needs and Services Plan as needed.

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