Infant Needs and Service Plan                          To be Completed for all children up to 24 months old

Child’s Name__________________________________________Birthdate______________________

Parent’s Name_________________________________________Today’s Date___________________

Parents: To meet the individual needs of your child, please complete this form for your infant’s daily needs in order for us to provide quality service to your child. This form will need to be updated every 90 days as your baby grows and their needs change.

Diet Information
Please check Yes or No or N/A. Please fill in blanks where applicable.

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<th>YES</th>
<th>NO</th>
<th>N/A</th>
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1. My child may have homogenized milk provided by the center.

2. My child may have one of the following formulas provided by the center:
   Enfamil or Prosobee (please circle one)

3. I will provide ____formula or ____breast milk for my child. Formulas provided by parents must be correctly labeled.

4. Cereals your child has been introduced to_______________________________

5. Baby Foods your child has been introduced to________________________________

6. Table Foods your child has been introduced to_________________________________

7. Any Food Allergies? To what__________________________________________________

8. Does your child feed themselves? ______ fingers ______ utensils

9. Does your child drink from a ______bottle _____sippy cup _____open cup?

Sleeping Information

Approximate current sleep schedule:_____________________________________________________

Parents comments for teachers:________________________________________________________________

Parent Signature__________________________________________Date:___________________________