



**ORFALEA FAMILY CHILDREN'S CENTER
INFANT PROGRAM
FAMILY INFORMATION/CHILD NEEDS AND SERVICE
PLAN**

Dear Parents,

We have compiled the following questions in order to learn more about your family and your child. This will allow us to provide the best individualized care we can. While we feel each question is valuable, please understand that answering is optional. This information is read only by the Teachers in your classroom and the Program Coordinator. The form will be kept confidential. Thank you for sharing this information with us. We look forward to caring for your child.

 Child's Name _____ (prefers to be called) _____
 Birthdate _____
 Parent(s) Name(s) _____

1. Who lives with your child (please include name, age, relationship and occupation)
2. If you share custody with another parent or partner please describe this arrangement.

Because we value your family and its uniqueness, we would appreciate your sharing the following information with us, as you are comfortable

3. What languages are spoken in your home? What does your child speak or understand?
4. What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, songs....you would enjoy sharing with our class?
5. What beliefs/values do you feel are most important when raising your child? (ie: nutrition, diet, sleeping routines, cloth or disposable diapers)
4. Parent's present occupation?

5. What has your child's substitute care experiences been prior to the Children's Center?
6. Briefly describe your child's birth experience. (vaginal, c-section, length of labor, any complications)
7. Briefly describe your child's first three months of life. (feeding, sleep and play patterns, illnesses, temperament)
8. How does your child generally react to separation from you?
9. Name a few activities that your child particularly enjoys:
10. Name one or two of your child's characteristics, mannerisms or habits which you find most endearing.
11. Does your child generally prefer to play alone or with children/siblings? How does s/he get along with peers?
12. Describe your child's general personality (explorer, contemplative, social, always on the go, big talker...)
13. Describe the discipline method used. Does it seem to be effective?
14. Does your child have any fears or strong dislikes?
15. Please describe your techniques for soothing your child when he or she is tired, hurt, upset or just needs some special comforting.
16. Our center feels that parent participation directly affects the quality of care that your child receives. Do you have any hobbies, skills or access to resources to share with our class? For example sewing, carpentry, cooking, singing, etc...

CHILD'S NEEDS AND SERVICE PLAN

PLEASE COMPLETE TO BE REVIEWED WITH YOUR CLASSROOM LEAD TEACHER

1. Please list the usual routines or schedules for the following activities:

EATING: General feeding routines: Times, likes and dislikes

Breakfast:

Lunch:

Snacks:

Kind of food preferred: _____ Baby food _____ Finger food _____ A combination

Does s/he use any eating utensils? _____ Does s/he drink from a cup? _____

Is your child using a bottle? _____ If so, at what times of day? _____

The bottle contains: _____ Brest Milk _____ Formula (Type of Formula): _____
_____ Whole Milk _____ Water _____ Fruit Juice

Does your child use a pacifier? _____ When? _____

Words for bottle _____ Pacifier _____

Does your child have any food allergies we need to be aware of:

NAPPING: Number per day _____ time(s): _____

General length child sleeps at each nap: _____

Routine (i.e. story, song, rocking)? _____

Preferred sleeping position? _____ (Infants under 12 mos will always be placed on their backs.)

Words for blanket, teddy....?: _____

DAILY ROUTINES: Please summarize your child's daily schedule. List feedings and nap sequence.

AM:

PM:

TOILETING: special words for urination: _____ b.m. _____

Is your child doing any self-toileting? _____

Is your child using diapers? _____ Cloth : _____ Disposable: _____

2. Does your child have any allergies, speech or hearing challenges or any other special needs or conditions of which we should be aware?

3. What else should we know in order to provide sensitive, individualized care for your child? Additional notes:

Parent's Signature

Date

Lead Teacher's Signature

Date

THIS PLAN NEEDS TO BE UPDATED QUARTERLY FOR INFANTS

NEEDS AND SERVICE PLAN REVIEWS

Date: ____/____/____ Child's age: ____

Please note any changes to feeding or special needs plan at this time: New foods to introduce, etc...

Parent Signature

Date

Lead Teacher Signature

Date

Date: ____/____/____ Child's age: ____

Please note any changes to feeding or special needs plan at this time: New foods to introduce, etc...

Parent Signature

Date

Lead Teacher Signature

Date