BOYS & GIRLS CLUBS
OF HUNTINGTON VALLEY

LEARNING CENTER
Child Development Preschool

INFANT NEEDS AND SERVICE PLAN

Child's Name_____Birthdate_____/_____/_____

Mother's Name_____Father's Name_____

OTHERS LIVING IN HOME

Name_____Age_____Relationship to child_____

Name_____Age_____Relationship to child_____

Name_____Age_____Relationship to child_____

Name_____Age_____Relationship to child_____

MEDICAL HISTORY

Has your child had any serious illnesses? ❑ Yes ❑No

If yes, explain_____

Has your child had any operations? ❑ Yes ❑ No

If so, give dates and describe_____

Does your child take medication? ❑ Yes ❑ No

If yes, what and why?_____

Does your child have any handicaps? ❑ Yes ❑ No

If yes explain_____

What is the plan for care when child is ill?_____

SLEEPING

What is your child's sleeping pattern during the day?_____

Do you have any special ways of helping your child go to sleep?_____

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FEEDING

Does your child have any feeding problems? ❑ Yes ❑ No

If yes, what are they_____

Does your child have any food allergies? ❑ Yes ❑ No

If yes, what are they_____

Is your child on a special diet? ❑ Yes ❑ No

If so, what kind_____

Is your child: ❑ Breast fed ❑ Formula fed Name of Formula_____

How often does your child take a bottle?_____

How much does your child usually drink?_____

What is your schedule for introduction of solid & new foods?_____

What foods does your child usually eat for breakfast?_____

What does your child usually eat for lunch?_____

COMMENTS

Is there any information, special likes, dislikes, or ways you give care, that would be helpful for us to know in order to take better care of your child?

_____

_____

_____

1st Qtr: Parent/Guardian Signature_____Date _____

Director/Assistant Director_____Date _____

2nd Qtr: Parent/Guardian Signature_____Date _____

Director/Assistant Director_____Date _____

3rd Qtr: Parent/Guardian Signature_____Date _____

Director/Assistant Director_____Date _____

4th Qtr: Parent/Guardian Signature_____Date _____

Director/Assistant Director_____Date _____