

Montessori of Walnut

Needs and Services Plan - Toddler Care Program

Child's Name:	Date:
Parent's Name:	DOB:

Eating/Drinking:

Food Allergies: _____

Schedule for Introduction of Solid Foods and New Foods:

Food Consistency:

Food Likes and Dislikes:

Drink Likes and Dislikes:

Sleeping:

How does your child get to sleep?

In what position does he/she sleep best? (tummy, back, etc.)

Diapering:

Child uses:

- Disposable diapers- Brand _____
- Wipes- Brand _____
- Training Pants- Brand _____

We must have a completed Medication form on file for the use of all topical ointments (diaper ointments, sunscreen, etc.)

Playtime:

Likes or Dislikes Concerning Playtime:

Other:

What other information can you give us to better care for your child?

Does your child have any other allergies?

Daily Schedule

6:00 _____

7:00 _____

8:00 _____

9:00 _____

10:00 _____

11:00 _____

12:00 _____

1:00 _____

2:00 _____

3:00 _____

4:00 _____

5:00 _____

6:00 _____

This form is required to be updated four times per year as your child's needs change. This will then be reviewed with parent/guardian prior to being signed by the teacher.

Parent/Guardian's Signature

Date

Teacher's Signature

Date