



Individual Care Plan- Family Information Form

Child: _____

Child's Date of Birth: _____

Family members: _____

Arrival:

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use? _____

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping:

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child fall asleep?

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Eating:

Babies:

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? _____

If so, at what times? _____

If bottle-feeding,

How much will you prepare for each bottle? _____

How much does your baby normally drink at one time? _____

Babies, continued:

Is your baby eating solid foods? _____

If so, which ones? _____

When? _____

How much does your baby eat at one time? _____

Does your baby eat any finger foods? If so, which ones?

All children:

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Is your child sensitive or allergic to any foods? If so, please list them, specify if it is a sensitivity or allergy and list your child's reaction to the food.

Are there any foods you don't want your child to eat?

Awake Time:

How does your baby like to be held? What position does your baby prefer when awake?

What does your child like to do when awake? Please list some of his or her favorite books, activities, songs or toys:

Departure:

What time will you usually come to pick up your child? _____

In general, who will be picking up your child? (For example, will a grandparent be coming most days?) _____

Contact Information:

What is the best way to contact you during the day? *Phone* *Email*

Please list a phone number or e-mail to contact you at: _____

How would you prefer to receive updates and information regarding the BBC?

Note home *Phone Call* *E-mail* *Social-Media*

If you chose a phone call or e-mail, please list the best option for contacting you:

Additional Information:

At the BBC, we strive to provide high-quality, exceptional care to all of the children in our classroom. Please use this space to provide us with any additional information that you would like us to know about your child.