

FOREVER YOUNG INFANT CENTER INDIVIDUAL NEEDS AND SERVICE PLAN

Child's Name: _____ Age: _____ Date: _____

SLEEPING PATTERNS

Forever Young provides cribs and mats for children to sleep on demand. So that the staff can better understand your child's needs and sleeping patterns at home, please detail below your child's individual naptimes.

	From	To
Morning		
Morning		
Morning		
Afternoon		
Afternoon		
Afternoon		

DIAPERS/TOILET LEARNING

Forever Young allows the child to control the direction of toilet learning. It is the parents' responsibility to notify staff when the child begins to show interest. The staff and the parents will then work together so that the toilet experience will always be maintained towards a positive outlook for the needs of the child.

For the child in diapers, the child will be kept in disposable diapers and changed when wet or soiled.

How many diapers does your child use, on average, per day? _____

Can the staff use wipes for your child? _____

Does your child cooperate with having his/her diaper changed? _____

Does your child need special treatment regarding diapers and/or diaper changing? _____

Is your child susceptible to diaper rash and/or yeast infections? _____

Is your child showing interest in toilet learning? _____

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Educarer's signature: _____ Date: _____

FOREVER YOUNG INFANT CENTER INDIVIDUAL NEEDS AND SERVICE PLAN FEEDING PLAN

Child's Name: _____ Age: _____ Date: _____

Forever Young does not feed children on a time schedule, but rather on the demands and needs of each individual child. So that we can compare the child's routine at home and signals at the center, please note below the feeding schedule which best describes your child.

Meal/Beverage	Time(s)
Breakfast	
Morning Snack	
Lunch	
Afternoon Snack	
Juice	
Milk	

My child drinks (circle all that apply):

breast milk	formula _____ (brand)	whole milk
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How much milk will your child take during his/her time each day at Forever Young? _____ oz.

Forever Young prepares natural foods with no additives, preservatives or sugar. The salt intake is limited as much as possible. We ask that parents introduce new foods at home. After your child's body has accepted new foods, you may update the food chart.

Consistency of food is (circle all that apply): runny mushy small solid chunky

Grains in the form of (circle all that apply): toast bread tortilla crackers

Eating utensils (circle all that apply): bottle _____ (brand) cup spoon self with help

Please check foods/beverages below that are appropriate to feed your child at this time:

<input type="checkbox"/> apples <input type="checkbox"/> apple juice <input type="checkbox"/> applesauce <input type="checkbox"/> apricots <input type="checkbox"/> avocado <input type="checkbox"/> bananas <input type="checkbox"/> beets <input type="checkbox"/> berries _____ <input type="checkbox"/> berry juice <input type="checkbox"/> broccoli <input type="checkbox"/> cantaloupe <input type="checkbox"/> carrots <input type="checkbox"/> cauliflower <input type="checkbox"/> cheddar cheese <input type="checkbox"/> cottage cheese	<input type="checkbox"/> corn <input type="checkbox"/> cranberry juice <input type="checkbox"/> cucumber <input type="checkbox"/> eggs <input type="checkbox"/> grape juice <input type="checkbox"/> green beans <input type="checkbox"/> honeydew <input type="checkbox"/> kiwi <input type="checkbox"/> monterey jack cheese <input type="checkbox"/> oatmeal <input type="checkbox"/> oranges <input type="checkbox"/> orange juice <input type="checkbox"/> peaches <input type="checkbox"/> peanut butter <input type="checkbox"/> peas	<input type="checkbox"/> pears <input type="checkbox"/> pear juice <input type="checkbox"/> pineapple <input type="checkbox"/> pineapple juice <input type="checkbox"/> pinto beans <input type="checkbox"/> plum <input type="checkbox"/> potatoes <input type="checkbox"/> raisins <input type="checkbox"/> rice <input type="checkbox"/> ricotta cheese <input type="checkbox"/> sesame seeds <input type="checkbox"/> squash <input type="checkbox"/> strawberries <input type="checkbox"/> sunflower seeds <input type="checkbox"/> sweet potatoes	<input type="checkbox"/> tofu <input type="checkbox"/> tomatoes <input type="checkbox"/> tomato sauce <input type="checkbox"/> watermelon <input type="checkbox"/> whole milk <input type="checkbox"/> wheat <input type="checkbox"/> yogurt <input type="checkbox"/> zucchini <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Does your child have any food allergies? _____

Are there any foods that should be served to your child in moderate amounts? _____

Does your child have any food dislikes? _____

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Educarer's signature: _____ Date: _____