

Palm Academy & FasTrackKids

Infant and Toddler Needs and Services Plan

Please fill out and sign this form for your child. It will help us get to know your child better and meet their individual needs. Thank you.

Child's Name: _____ Child's Date of Birth: _____
Age at Enrollment: _____

Child's General Mood: Are they mostly Happy, fussy, colicky? _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child Bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle, room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is child on strained or other baby foods? _____ List the varieties you use fruits veggies etc: _____

Food likes: _____ Food Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast

Lunch

Snack

Will your child have a bottle or breast fed before arriving? _____

Will your child need breakfast? _____