



First Start Childcare and Learning Center

Individual Infant / Toddler Plan

Child's Name: _____ Birthdate: _____

What he/she eats for:

Breakfast: _____ Time: _____

Lunch: _____ Time: _____

Dinner: _____ Time: _____

Bottle (average ounces per day): _____

Naps: a.m. _____ p.m. _____

Bowel movements per day (approximate time):

Allergies: _____

(Please note that if your child has an allergy, we will need a signed medical form alerting us to this condition.)

Special Concerns / Needs:

Comments:

Parents Name: _____

Parent's Day time Phone Numbers: _____

Which parent do we call first in the event your child becomes ill?

Is it appropriate to telephone you at work, even in non-emergency situation? _____

Parent Signature: _____ Date: _____

Caregiver's Signature: _____ Date: _____