

**Infant Needs and Service Plan**

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

**Feeding**

What is your infant's feeding schedule?

\_\_\_\_\_

Is your infant on formula or breast milk? \_\_\_\_\_ Name of formula \_\_\_\_\_

How many ounces are served in each bottle? \_\_\_\_\_

Uses a Sippy cup? Yes No

**Foods**

Does your child eat: Baby foods \_\_\_\_\_ Table Food \_\_\_\_\_ (menu will be provided)

List all food allergies, food sensitivities, or feeding issues:

\_\_\_\_\_  
\_\_\_\_\_

Any special instructions you would like us to follow regarding your child's feeding pattern?

\_\_\_\_\_  
\_\_\_\_\_

**Sleeping**

Does your child use a pacifier? Yes No

What is your child's current sleeping schedule? \_\_\_\_\_

Can you tell us anything about your child's sleeping habits that might be helpful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Does your child have any special needs? \_\_\_\_\_

Is there any other information you would like us to know about your child so that we may give them the best possible care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_