



# Parkside Playschool

## Individual Care Plan

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_

### Arrival/Departure

Does your child look forward to coming to school? Y/ N

Does your child seem apprehensive about entering the Center? Y / N

Has your child been cared for by people other than you? \_\_\_\_\_

What time will you usually arrive at the center? \_\_\_\_\_

What will help you and your child say good-bye to each other at drop-off?

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

What time will you usually arrive to pick up your child? \_\_\_\_\_

### Sleeping

How often does your child take a nap? \_\_\_\_\_

How long does your child usually sleep? \_\_\_\_\_

What are some indicators he/she is tired? \_\_\_\_\_

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

What helps your child to fall asleep? (i.e. rocking, pacifier, special blanket, pat back, etc.)

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

We put babies to sleep on their backs. Is your baby used to sleeping on their back? \_\_Yes \_\_No

Does your child 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: All ages

Is your child sensitive or allergic to any foods? If so, please list them.

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

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## Eating: Infants

### Infants 6 weeks – 12 months:

Is your child bottle-feeding or breast feeding? \_\_\_\_\_

If breast-feeding, how will you provide milk for your child? (i.e. frozen, bottles, etc)

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\*You are more than welcome to come feed your child at the center at anytime.

If bottle-feeding:

What kind of formula do you use? \_\_\_\_\_

How much is your child currently eating at a feeding? \_\_\_\_\_

At what temperature do you prepare it? \_\_\_\_\_

What position does he/she like to be held while eating? \_\_\_\_\_

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Can your child hold his/her own bottle? \_\_\_Yes \_\_\_No

Is your child eating solid foods? \_\_\_Yes \_\_\_No

(We like to introduce table food 7-8 months.)

If so, do you use homemade or store bought food? \_\_\_\_\_

How do you prepare it? \_\_\_\_\_

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What time of day do you feed him/her and how much does your baby usually eat?

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Does he/she eat well from a spoon? \_\_\_\_\_

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

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Does your child drink from a Sippy cup? \_\_\_Yes \_\_\_No

(We introduce them when we start serving table foods at around 7-8 months)

Has your child been introduced to whole milk? \_\_\_Yes \_\_\_No (We will ask at 11 months)

## Diapering & Toileting

Is your child potty-trained? \_\_\_\_\_ If not, please complete the following information:

How often do you change your child's diaper? \_\_\_\_\_

Are there any special instructions for diaper changes (Cloth diapers or Diaper Creams?)

\_\_\_\_\_

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?  
(i.e. words used in toileting) \_\_\_\_\_

\_\_\_\_\_

## Developmental

Was your child born premature or with a low birth weight? \_\_Premature \_\_Low birth weight

Does your child currently receive any type of therapy? (Speech, Physical, Occupational)

\_\_\_\_\_

If so, would you like therapy to occur on site? \_\_Yes \_\_No

Name of Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other helpful information

What position comforts for him/her the best? How does your baby like to be held?

\_\_\_\_\_

What does he/she like to do while awake? \_\_\_\_\_

\_\_\_\_\_

How do you play with your child? \_\_\_\_\_

\_\_\_\_\_

Are there any child rearing practices, values or cultural beliefs that you feel we need to know about? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

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Are there any physical or emotional concerns we should be aware of? \_\_\_\_\_

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Is there anything special that we should know about dressing or undressing your child?

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Names of siblings and/or other family members that your child may talk about: \_\_\_\_\_

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Do you have family pets:

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When your child is upset or unhappy, what seems to comfort him/her?

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Does your family celebrate holidays? Y / N

If yes, please list important or favorite holidays for your family:

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What are some things you hope your child will learn while in our program?

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What language do you speak with your child at home? \_\_\_\_\_

Please provide any additional information that will help us better care for your child.