

NEEDS & SERVICES PLAN **(Infant Care Program)**

Babies need to be fed at home before arrival at Rainbow Montessori School so as to not need an immediate feeding upon arrival. Our staff wants to be able to greet each family and exchange information with parents as well as check babies over for health upon arrival.

Breast Milk/Formula Combination of? _____

Formula Brand _____

(Please keep an extra 6 pack or can at school)

My baby has bottle every _____ hours and takes approximately _____ ounces

My baby needs to be burped _____ times during feeding

I will be in to nurse my baby every _____ hours

I plan to nurse at approximately the following times each _____ to _____

May water or juice be fed between nursings or bottle feedings? _____

If yes, how much is usually take? _____

If yes how much is usually taken? _____

Solid foods:

Food likes and dislikes:

Food consistency:

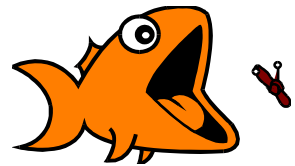
Schedule for introduction of solid foods and new foods

Food Allergies:

DAILY SCHEDULE
(Please be very specific)

06:00 _____
07:00 _____
08:00 _____
09:00 _____
10:00 _____
11:00 _____
12:00 _____
01:00 _____
02:00 _____
03:00 _____
04:00 _____
05:00 _____
06:00 _____

Details and likes concerning



EATING :

SLEEPING :

PLAYTIME ;

ALLERGIES :

Introduction of cups and utensils



Water : Tap water vs purified water?

Naps :

My baby naps for approximately _____ hours/minutes
Between _____ & _____ A.M.

My baby naps for approximately _____ hours/minutes
Between _____ & _____ P.M.

My baby's sleep schedule is as follows:

How does your baby get to sleep? (Rocking, eating, fuss a little, pacifier?)

In what position does he/she sleeps best? (Tummy, back etc)

Play :

What other information can you give us to better care for your baby?

Toilet training plan (If applicable)

Other :

Parents Signature

Date