



ICC
TODDLER
PROGRAM



India
Community
Center

Toddler Needs and Service Plan

Child's Name:

Parent's Name:

Date of Birth:

Date:

Feeding Plan:

Liquids:

Breast milk -

Formula -

Milk -

Juice -

Solid Food:

Child feed self?

Child eats with spoon/Fork/Hand:

Food child likes:

Food child dislikes:

Allergies special instructions:

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Sleeping Pattern:

Does your child nap in the morning? What time and how long? **Y/N**

Does your child nap in the afternoon? What time and how long? **Y/N**

Does your child sleep with a blanket, pacifier, etc.?

Toilet /Diapering:

Toddlers will be checked frequently and will be kept clean and dry.

Child uses:

Diapers

Pull -ups

Wipes

Any other products which may be used on children should have a doctor's letter and a parent consent.

At what age would you like to start toilet training and training pants:

This form is required to be updated and signed by the parent every three months.

Parent Signature:

Date:

Teacher's Signature:

Date: