



**Pasadena**  
 child care &  
 homework center

## Infant/Toddler Plan

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

Feedings: \_\_\_\_\_ Breast Milk \_\_\_\_\_ Formula

Feeding interval: Every \_\_\_\_\_ hours

Feeding amount: \_\_\_\_\_ ounces per feeding

What s/he eats and at what time: (Please include cereal, finger foods, fruits, vegetables, jar foods, etc.)

Breakfast \_\_\_\_\_ Time: \_\_\_\_\_

Lunch \_\_\_\_\_ Time: \_\_\_\_\_

Snacks \_\_\_\_\_ Time: \_\_\_\_\_

Nap Times: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Allergies: **PLEASE** be aware that if your child does have a known allergy, we will need a physician signed medical form alerting us to the condition: \_\_\_\_\_

Comments/Special Needs/Concerns: \_\_\_\_\_

Please note with an \* which parent should be called first in the event your child becomes ill.

Parent contact information: Name \_\_\_\_\_ phone \_\_\_\_\_

Parent contact information: Name \_\_\_\_\_ phone \_\_\_\_\_

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