

Child's Needs Form for Care Plan

Child's name _____ Nickname _____ DOB ___/___/___

Address _____ Zip code _____

	Parent/Guardian #1	Parent/Guardian #2
Name		
Email		
Home Phone		
Work Phone		
Cell Phone		

Current Daily Schedule at Home

	Time	Description of Routine	Other (favorite foods/activities)
Waking			
Breakfast			
Play			
Lunch			
Nap			
Dinner			
Bedtime			

Any disliked foods? _____

Would you characterize your child's temperament as:

___ flexible ___ feisty ___ fearful ___ other _____

How does your child communicate a need for reassurance? _____

What is the best way to console your child? _____

Does your child have any fears? _____

What is your child's favorite book? _____

How does your child communicate toileting needs? _____

Does your child: **(check all that apply)**

use the toilet wear cloth underpants wipe themselves

manage clothing independently demonstrate hand-washing technique

Words for genitals _____ word for urination _____ word for BM _____

Do you have any concerns about your child's development? _____

Allergies, seizures or other medical condition(s): _____

Does your child take any medication daily? _____

PERMISSIONS AND AGREEMENTS

Sunscreen I give permission for staff to apply sunscreen to my child as needed throughout the day. I understand the sunscreen I supply must be in the original container, labeled with my child's first and last name. I will apply sunscreen daily at home prior to bringing my child to The Acorn School.

Parent/guardian signature _____ Date ____/____/____

Bug Spray I give permission for staff to apply bug spray to my child as needed throughout the day. I understand the bug spray I supply must be in the original container, labeled with my child's first and last name. Expired product will be discarded.

Parent/guardian signature _____ Date ____/____/____

Diaper Cream I give permission for staff to apply diaper cream to my child as needed throughout the day. I understand that the diaper cream I supply must be in the original container, labeled with my child's first and last name. Expired product will be discarded.

Parent/guardian signature _____ Date ____/____/____

Off Premises Consent I give permission for staff to include my child on walks and buggy rides outside the child care center. I understand children will be accompanied by staff at all times reflecting DHS adult: child ratios for field trips. **VCFC will not provide motorized transportation field trips.**

Parent/guardian signature _____ Date ____/____/____