

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



**ACR Academy  
INFANT PROGRAM  
FAMILY INFORMATION/CHILD NEEDS & SERVICE PLAN**

The purpose of this form is to help us to better know, understand, and work in partnership with you and your family to support the growth and development of your child. This information will be read by the teaching team in your child's classroom, and the Director. This form will be kept confidential. Thank you for sharing this information with us.

Child's name \_\_\_\_\_ Child prefers to be called: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**FAMILY INFORMATION**

Please list all the people who live in the home

Name	Age	Relationship	Occupation

What is the primary language spoken at home?

If parents do not live in the same home, please give us information about the child's relationship with the other parent (frequency of visits, etc.).

What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, songs...you would enjoy sharing with our class?

**MEDICAL HISTORY**

What would you say is the current status of family health?

Briefly describe your child's birth experience (vaginal, c-section, length of labor, any complications)

What was your child's birth weight?

Does your child have any physical limitations or on-going health concerns?

Has your child ever been stung by a bee?

If so, what was the physical reaction?

**EARLY HISTORY**

At what age did s/he begin to crawl?

If child walks, at what age did s/he begin?

Does your child go barefoot?

Wear shoes?

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

If your child is using single words, at what age did s/he begin?

Has the child been affected by any significant change in the family such as a long illness or accident, parental separation or divorce, change of residence or other? Please explain

**BEHAVIOR PATTERNS**

What are some of your child's favorite activities?

Name one or two of your child's characteristics, mannerisms or habits which you find most endearing.

Does your child regularly play with other children?

How does s/he express feelings of pleasure, excitement, joy?

How does s/he express anger, react to frustration?

How does your child generally react to separation from you?

What have you found to be the best ways to get your child to cooperate?

Please describe your techniques for soothing your child when he or she is tired, hurt, upset or just needs some special comforting.

Describe the discipline method used. Does it seem to be effective?

Does your child have any fears (such as fear of animals or loud noises)?

What has been your child's substitute care experience prior to ACR Academy?

What is your plan for childcare when your child is ill?

What are your goals for your child's growth in this child care setting?

Is there anything else you would like to tell us about your child, your family, or your values?



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INFANT PROGRAM  
CHILD NEEDS & SERVICE PLAN**

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**EATING**

Please list general feeding times, and foods they like/dislike incl. schedule for introduction of solid and new foods and food consistency

Breakfast:

Lunch:

Snacks:

Does your child feed him/her self?      Does s/he use any eating utensils?

Does s/he drink from a cup?

Is your child using a bottle?      If so, at what times of day?

The bottle contains: \_\_\_ Breast Milk    \_\_\_ Formula    \_\_\_ Whole Milk    \_\_\_ Water    \_\_\_ Fruit Juice  
                                 \_\_\_ Other (please explain)

Is your child is breastfed, if so, how often?

Does child have food allergies (be sure to list allergies on the Child Emergency Information Form)?

How does your child let you know s/he is hungry?

**SLEEPING**

At what times does your child nap, and for about how long?

What time does child usually go to bed at night?      Get up in morning?

Does your child usually sleep through the night?

Preferred sleeping position?

How does your child let you know s/he is tired?

What is your child's nap routine? (read, music, sing, let cry for how long, etc.)

Does your child use a pacifier?    If so, when?

Does your child have a favorite toy, blanket, etc. to go to sleep with?

**TOILETING**

Do you use disposable or cloth diapers?

If your child is not yet using the toilet, at what stage is s/he in toilet learning?

If your child is using the toilet, please describe how you know when s/he needs to use it, and tell us what words s/he uses when asking to use the toilet.

How do you and s/he respond to toileting accidents?

What else should we know in order to support the growth and development of your child?

\_\_\_\_\_  
Parent/Family/Guardian Signature & Date

\_\_\_\_\_  
Primary Teacher Signature & Date

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

**ACR Academy  
CHILD NEEDS & SERVICE PLAN**

Today's Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Please note any changes to feeding or special needs plan at this time, or check No Changes box below:

No Changes at this time

\_\_\_\_\_  
Parent/Family/Guardian Signature & Date

\_\_\_\_\_  
Primary Teacher Signature & Date

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Today's Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_

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Parent/Family/Guardian Signature & Date

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