



Resurrection Child Development Child's Needs and Service Plan

Child's Name _____ DOB _____

Is your child on:

- Formula; brand of formula _____
- Breast Milk
- Cows Milk

Is your child eating pureed foods and/or cereal?

- | | | | |
|--------------------------|-----|--------------------------|-----|
| Puree | | Cereal | |
| <input type="checkbox"/> | No | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |

If yes to either, what food are they eating? _____

Is your child eating solid foods?

- No: When will solid foods be introduced? _____
- Yes: What foods are your child eating and how should they be prepared? _____

Any food dislikes or eating problems? _____

Feeding schedule and types of foods to be offered:

AM _____

PM _____

Does Your Child Have Any Allergies and/or food restrictions?

- No
- Yes; Please List: _____

Diaper Brand _____ How do you treat diaper rash? _____

Father (Guardian) Signature _____ Date _____

Mother (Guardian) Signature _____ Date _____

Teacher Signature _____ Date _____

PLEASE RETURN TO SCHOOL OFFICE