

FAMILY CULTURE/INFORMATION FORM

Individual Care Plan (INFANTS)

Child: _____

DOB: _____

Parents, please help us out by filling out this information form. Thank you.

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning? _____

What is the primary language spoken at home? _____

Diapering and Toileting

What type of diapers do you use? _____

When does your child usually need a diaper change? _____

Sleeping

How will we know that your child is tired and needs to sleep? _____

When does your child usually sleep? _____

How long does he or she usually sleep? _____

What helps your child fall asleep? _____

We put babies on their backs. Is your baby sleeping on his or her back? _____

How does your child wake up? _____

Does your child like to be taken out of the crib immediately or like to lie alone in the crib for a few minutes before being held? _____

Eating

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? _____

If so, at what time? _____

If not, will you send expressed breast milk? _____

Bottle-feeding

What kind of formula do you use? _____

How much does your child eat at one time? _____

Does your baby eat finger foods? _____ If so, which ones? _____

Does your baby drink bottles of water during the day? _____ If so, how much? _____

Is your baby eating solid foods? _____ If so, which ones? _____

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Family /

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Is your child sensitive or allergic to any foods? If so, please list them: _____

Dressing

Is there anything special that we should know about dressing and undressing your child? _____

Awake Time

How does your child like to be held: _____

What does your child like to do when awake? _____

How do you play with your child? _____

Departure

What time will you usually come to pick up your child? _____

Culture: Parents, please take this opportunity to tell us about your family's culture. Completion of information assists in our ability to provide activities reflective of the children in our program.

My family is from: _____

My family consists of: _____

Some GAMES from my culture include: _____

Some RECIPES / FOOD from my culture include: _____

Some MUSIC from my culture include: _____

Some of my family traditions are: _____

**Original copy goes in the child file.*

***Make a copy and give to the child's room.*

*****This form is for the CYSS caregivers to get to know your child better. We are required to follow guidelines on food; the USDA, Food and Nutrition Service are the guidelines for all meals served in our centers and cannot be customized.*****