Bright Horizons
Early Education & Preschool

Infant Personal Care Plan

CHILD'S NAME: _____

NUTRITION PRACTICES AND ROUTINES

How is your child fed? Check all that apply: Breast: ☐ Bottle: ☐ Cup: ☐

In the corresponding row, provide your child's feeding details.

	Brand	Amount	Preferred time of day given
Formula/Milk			
Breast Milk			
Juice			

If your baby is exclusively breast fed, please outline your daily plan: _____

If your baby is breast fed or receiving expressed breast milk, how can we support you?

List special dietary requests, and restrictions: _____

Have solid foods been introduced? Yes ☐ No ☐ If yes, please identify: _____

Food likes and eating preferences: _____

Child Eats With: Spoon: ☐ Fork: ☐ Fingers: ☐

Child is Fed in: Highchair: ☐ In Arms: ☐ Bouncy Seat: ☐ Other:

Preferred time of day to feed child: ☐ A.M. ☐ A.M. ☐ P.M. ☐ P.M.

Additional Information: _____

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SLEEPING ROUTINES

Pre-nap routines/rituals: _____

_____

_____

_____

Number of naps daily: _____ From: _____ To: _____ From: _____ To: _____ From: _____ To: _____

Preferred sleep position*: _____

At home child sleeps in (Check all that apply: Bassinet: ☐ Crib: ☐ Bed: ☐

Child's typical waking behavior/routine: _____

_____

_____

Special sleeping concerns: _____

_____

_____

**Bright Horizons places infants to sleep on their backs in crib unless a waiver has been signed by the parents and the child's physician, stating that the child should be placed in a position other than on his/her back and if allowed by the state licensing agency. Following the recommendation of the American Academy of Pediatrics, soft items such as bumpers, stuffed animals (including pacifiers with a stuffed animal attached), blankets and quilts are not allowed in cribs. The use of sleep or swaddle sacks are recommended for naptime; however, there may be restrictions on the use of and type of these by the state licensing agency.*

COMFORTING CHILD

Position child prefers to be held: _____

Security object (if any): _____ Name child uses for object/when needed: _____

Does your child use a pacifier? Yes ☐ No ☐ If yes, when: _____

Describe how adults can comfort your child? _____

_____

_____

DIAPERING/TOILETING ROUTINES

Please check which type of diapers you will provide: disposable: ☐ cloth: ☐

Words used for urination: _____

Words used for bowel movement: _____

_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____