



**Stars Montessori Academy  
Infant Needs and Services Plan**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Date: \_\_\_\_\_

***This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parent/guardian and teacher initial and date every change and update to the original plan.***

**Eating**

*Bottles/Formula*

Does your child use a bottle? Yes No If Yes, what type of bottle? \_\_\_\_\_

What type of formula? \_\_\_\_\_

How often and at what time of day do you give your child a bottle? \_\_\_\_\_

\_\_\_\_\_

How many ounces does your child usually drink at a feeding? \_\_\_\_\_

How many bottles does your child have each day? \_\_\_\_\_

What temperature does your child like their bottle? \_\_\_\_\_

Does your child drink from a cup? If yes, what kind of cup/lid? \_\_\_\_\_

***At Stars Montessori Academy, we practice the following sequence for the introduction of solid foods, as recommended by the state: formula/breast milk (0-12 months); infant cereal (4-6 months); vegetables, fruits and their juices (5-7 months); protein foods (6-8 months); whole egg (10-12 months). NB: Honey or corn syrup should not be fed to any infant under the age of 12 months.***

Is your child eating solid food at this time? Yes No

If yes, describe what types of food (type of cereal, types of baby foods or table foods, how it is prepared / consistency?) \_\_\_\_\_

\_\_\_\_\_

Does your child use utensils? \_\_\_\_\_

Can your child feed themselves? \_\_\_\_\_

How often and at what time of day do you feed your child solids? \_\_\_\_\_

\_\_\_\_\_

Any special nutritional fortifiers and/or supplements required? Yes No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any known food allergies? Yes No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please describe symptoms of a reaction: \_\_\_\_\_

\_\_\_\_\_

### **Sleeping / Napping**

How many times per day and when during the day does your child typically nap? \_\_\_\_\_

\_\_\_\_\_

For how long does your child usually nap? \_\_\_\_\_

How do you know when your child needs a nap? \_\_\_\_\_

\_\_\_\_\_

How do you help your child to sleep? (Rocking, holding, self soothe, etc.) \_\_\_\_\_

\_\_\_\_\_

Any special instructions regarding your sleep routine? (special blanket or a pacifier for example)

\_\_\_\_\_

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***It is Stars Montessori Academy policy that infants under 12 months are placed to sleep on their backs to reduce the risk of SIDS. Please ask your teacher for more information if needed.***

***Children will be introduced to sleep on a cot once he or she is beginning to show signs of climbing.***

**Diapering/Toileting**

***Diapers are checked every one hour, and changed every two hours. However, they will be changed immediately when soiled. Most children are not ready to begin toilet learning until 2 years of age. Generally, we will not begin to toilet train a child before 2 years unless requested by the parent/guardian and after consideration of the child's developmental readiness.***

If you have begun to toilet train your child, please describe your child's progress: \_\_\_\_\_

\_\_\_\_\_

Do you have any special instructions regarding your child's diapering? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

***Please note that parents/guardians provide diapers and any ointments required each day***

Does your child require any special accommodations not covered by this plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any additional requests or instructions for the care of your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understand the Infant/Toddlers Needs and Service Plan and agree to its implementation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Stars Montessori Academy  
Infant Needs and Services Plan - REVIEW**

***THE INFANT NEEDS AND SERVICE PLAN MUST BE REVIEWED AND UPDATED EVERY 90 DAYS. IF THERE ARE SEVERAL UPDATES TO BE MADE TO YOUR CHILD'S NEEDS AND SERVICE PLAN, A NEW PLAN MUST BE COMPLETED IN ITS ENTIRITY.***

***HOWEVER, YOU MAY OPT TO REVIEW THE INFORMATION WE HOLD ON FILE AND CONFIRM THAT IT IS CORRECT AS FOLLOWS:-***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Date: \_\_\_\_\_

Date Plan Reviewed / Updated: \_\_\_\_\_

Please provide comments of any changes to be made to your child's care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_