Grace Early Learning Center

Where children explore, create, learn and have fun!

TODDLER PLAN

CHILD'S NAME:________________________ DOB:_________________ ENROLLMENT DATE________

PARENT NAME:________________________ CELLPHONE NO.:______________________

PARENT NAME:_________________________ CELLPHONE NO.:_______________________

NORMAL BEDTIME_________ NORMAL WAKE UP TIME___________

DOES YOUR CHILD DRINK WHOLE MILK 2%MILK FORMULA______________ BREAST MILK

DOES YOUR CHILD USE A SIPPY CUP REGULAR CUP BOTTLE

DOES YOUR CHILD DRINK WATER? ______YES _______NO

AT WHAT AGE WAS YOUR CHILD ON TABLE FOOD?______

DOES YOUR CHILD USE A UTENCIL? ____SPOON ______FORK_______FINGER FEEDS

IS YOUR CHILD A PICKY EATER A GREAT EATER NEEDS ENCOURAGMENT TO EAT

WHAT IS YOUR CHILD'S FAVORITE FOOD?___________________

*PLEASE NOTE THAT IF YOUR CHILD STILL IS USING A BOTTLE THAT WE WILL BEGIN INTRODUCING A SIPPY CUP WITHIN THE 3RD WEEK OF YOUR CHILD'S START DATE.

DOES YOUR CHILD SLEEP IN A BED OR CRIB?__________ DOES YOUR CHILD NAP AT HOME?__________

WHAT IS YOUR BEDTIME ROUTINE:____

____

DOES YOUR CHILD HAVE A FAVORITE RESTING TOY?_______________

DOES YOUR CHILD HAVE A SECUIRTY OBJECT?_____________________

ARE YOU WORKING ON POTTY TRAINING AT HOME? ________ IF SO DESCRIBE THE PROCESS:____

____

(Older toddlers)

PARENT SIGNATURE__________________________ DATE:______________________________

DIRECTOR SIGNATURE_________________________ DATE:______________________________

THE TODDLER PLAN IS UPDATED EVERY 3 MONTHS.