



One Year Class Supply List

12 – 17 months

Supplies

- Summerfield bag provided at the time of registration. All soiled items will be sent home daily in this bag.
- Rest mat with pillow and blanket attached. Available for purchase in the front office or you may bring one from home that is similar in size.
- Diapers
- Wipes
- Diaper ointment. If the diaper ointment is a prescription, a medical authorization form must be signed in the front office.
- Sunscreen and bug spray (optional) labeled with first and last name.
- Three pairs of extra clothes. (Please label with your child's name)
- Closed toe shoes.
- Pacifier (optional) in closed container labeled with your child's first and last name. Pacifiers with any attachments such as ribbons, beads or small stuffed animals are not allowed during rest time.
- A picture of your child for their cubby. (you may email it to director@summerfieldacademy.com)

Please Remember

- **Label all items with child's first and last name.**
- All medications, including over the counter and prescription, bug spray and sunscreen must be in the original containers and labeled with the child's first and last name.
- All prescriptions must be in the original container with the child's first and last name, dosage and prescribed time to be given. The doctor must complete a medical form before medication can be administered.
- Any over the counter medications (Tylenol, Motrin, etc.) must include the proper dosage for your child's weight and age. If the age of the child is not on the container a doctor's note is required before the medication can be administered.



Individual Personal-Care Plan for Infants & Ones

6 weeks-17 months

Child's Name: _____ Date of Birth: _____

Developmental History

Type of birth: _____ Any complications: _____

Does child: roll over sit up pull up crawl walk with support

Times child may be fussy: _____

How do you soothe baby when fussy? _____

Family Information

Language(s) spoken at home other than English: _____

Are there words/phrases in home language that we should know? _____

Are there cultural or family customs, rituals, or traditions that will help us make your child's experience more meaningful? _____

Are there other matters or concerns you feel are important? _____

Health/Development

Describe any serious illnesses or hospitalizations: _____

Any history of colic? _____

Describe any special physical conditions, disabilities, or allergies: _____

Has your child been diagnosed with a special need? _____

If so, is your child receiving any special services? _____

Does your child take any regular medications? _____

Feeding Schedule (Liquids)

Breast Milk

Feeding Schedule: _____ ounces every _____ hours

Formula

Type: _____

Feeding Schedule: _____ ounces every _____ hours

Milk

Type: _____

Feeding Schedule: _____ ounces every _____ hours

Eating Routine (Solids)

Any food allergies: _____

Solid foods introduced: _____

Times of day to be given: _____

Special diet/requests: _____

Child eats: on lap in high chair other _____**Diapering**

Does your child have frequent diaper rash? _____

Type of diaper ointment used: _____

Does child wear: disposable diapers cloth diapersAre bowel movements: regular How often: _____Is there a problem with: diarrhea constipation

Please Explain: _____

Comforting/Distress

Does your child have a security object? _____

Does your child use a pacifier? __ Yes __ No How often: _____

Sleeping RoutineDoes child sleep in: crib bed family bed

Pre-nap routines: _____

How many naps per day (approximate): _____

Length of nap: _____

Waking behavior/routine: _____

Special concerns: _____

Child's typical bed time: _____ wake in morning: _____

Separation

Has your child been left in the care of someone other than yourself? yes no

What are your feelings about leaving your child in our care? _____

How can we help you feel more comfortable and involved in the care of your child?

Social Relationships

How would you characterize your child's personality:

friendly aggressive shy withdrawn

Reaction to meeting new people? _____

Have you had any previous child care experience? _____

If so, did it meet your needs and expectations? _____

Explain: _____

Child's favorite toy or activity. _____

Is your child frightened by:

animals other children loud noises darkened rooms

Explain: _____

Daily Schedule

Please describe by approximate time your child's current daily activities.

Morning

Afternoon

Evening

Parenting Philosophy

Do you have ideas about parenting that would help us to better care for your child?

What do you as a family hope to get out of this child care experience?

Parent Signature _____ Date _____

Staff Signature _____ Date _____