



Your Child's Needs and Services Plan

At Halsey Schools we adjust to your child's schedule.
Please complete the following with the assistance of the Director or the teachers.



Child's Name: _____

Feeding Plan (Normal Schedule) Among other things, children should not be fed Honey or Corn Syrup during their first year.

Time	Type of Food (i.e. Breast milk, Brand and type of formula. Use of cups, utensils, etc.)	Amount

Sleeping (Normal Schedule)

Time	Length of Time	Child's sleeping preferences and comments - i.e. swing, bouncy seat, crib, etc <i>All children are put to sleep on their backs. No exceptions, please.</i>

Diapering & Potty Instructions

(Changed as needed & at least every 2 hours.)

Ointments, powder etc.

Special Needs / Services

(i.e. Child has reflux she must sit upright after feeding. Special exercises etc.)

Allergies

Please keep this up to date by completing a new form whenever something changes. You are also encouraged to constantly communicate directly with the teachers in writing and verbally for any changes to these schedules. Additionally, the daily *Your Child is Special* form is available to write daily notes or updates. Please complete *Child's Pre-admission Health History – Parent's Report* (Lic. 702) for additional information.

Parent Signature _____

Date _____

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