



# WHOLE KIDS

## ACADEMY

### Now My Child Enjoys....

#### Infant Activity Plan Update

(due 1<sup>st</sup> day of every other month)

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

Describe your child's daily routine:

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Describe your child's eating habits. Does your baby take a bottle? What temperature do they prefer their milk and what types of milk does your child drink? Does your child eat solid foods? If so, what are their favorites?

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Describe your child's nap routine. How do you put your child down for nap? At what times does your child nap and how long do they usually nap for? Does your child sleep on their back or stomach? Do they use a pacifier?

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Describe your child's play time activities. What does your child enjoy playing with?

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Does your child have any allergies or other concerns you would like to share with your child's teacher?

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_