



WHOLE KIDS

ACADEMY

Now My Child Enjoys....

Toddler Activity Plan Update

(due 1st day of every other month)

Child's Name: _____ Date: _____

Describe your child's daily routine:

Describe your child's eating habits. How often do they eat? What foods do they enjoy? Are there foods they dislike? Does your child drink from a bottle or sippy cup? What types of milk do they drink?

Describe your child's nap routine. How often does your child nap? At what time does your child nap and how long do they usually nap for? Does your child sleep on their back or stomach? Do they have a special lovey?

Describe play time with your child. What are your child's favorite activities? How do they interact with others?

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

Assigned Teacher Signature: _____ Date: _____

Parent's Signature: _____ Date: _____