

TODDLER NEEDS AND SERVICES PLAN

Child's name: _____ Date of Birth: _____

Parent's name: _____ Date Form Completed: _____

Feeding

All foods are now prepared by Chef, and come from the kitchen
Do you need to submit an updated 'Dietary Restrictions and Allergies Form'?

Yes / No

If yes, please complete the attached 'Dietary Restrictions and Allergies Form'

Napping

By signing below, I give my child permission to sleep on a sleeping mat that is provided by ScuttleBugs during rest time. I understand that each mat or cot is individually assigned and has clean linens that is only used by my child.

Transition

Can you suggest any calming activities that that could help with transition:

Can you suggest any self-soothing strategies that that could help with transition:

Additional Information:

Parent Signature _____ **Date Signed** _____



Child Dietary Restrictions & Allergies Form

Child's Name: _____

My child has the following food restrictions:

- No restrictions
- Allergy restrictions (***doctor's note required – please attach**)

Restricted Foods: _____

- Dietary restrictions

Can your child consume the following?

	Yes	No
Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>
Direct Cow's milk	<input type="checkbox"/>	<input type="checkbox"/>
Direct Eggs	<input type="checkbox"/>	<input type="checkbox"/>

Please remember, while we can accommodate no 'direct' milk and eggs, we cannot accommodate 'indirect' requests like bread made with milk and eggs

- Other Dietary restrictions (***doctor's note required – please attach**)

Restricted Foods not specified above: _____

Allergies and other dietary restrictions cannot be accommodated without a doctor's note, and a meeting with management must occur to discuss and approve specific accommodations.

Non food/beverage allergies (sunblock, diaper cream, bee stings, etc.): _____

Does your child have an EpiPen? Yes No

By signing this document I acknowledge I have read and understood ScuttleBugs Food Policy.

Name of parent or guardian (s): _____

Signature of parent or Guardian: _____

Date: _____ ScuttleBugs Signature: _____