



Butterflies

Individualized Daily Toddler Schedule

Child's Name: _____



Meal /Snack

Individualized School Schedule:

Time: _____ Amount/Kind: _____ (Snack/Meal)

Time: _____ Amount/Kind: _____ (Snack/Meal)

Time: _____ Amount/Kind: _____ (Snack/Meal)

Time: _____ Amount/Kind: _____ (Snack/Meal)

Please remember to label EVERYTHING!



Nap Time:

Time: _____ Length _____

Time: _____ Length _____



Pacifier to soothe: Yes or No (Please Circle)

Additional notes can be written below or on the back of the sheet:

*Diapers will be checked every hour and changed as needed.

Your child's schedule will begin to transition into a more routine schedule. It can continue to be individualized to best match your child's needs while in our care. Your child will grow and develop in a warm, loving and secure learning environment.

Other activities your child will experience while at OSLA:

- Classroom, learning exploration, Free Movement, playtime, Group play to help develop social skills, Games with age appropriate toys, Gross motor activities, Story time and book exploration, Outside play/stroller rides, Music time and more!

*Additional notes/instructions for the teachers can be written on the back on this sheet.





Items to bring daily

Please remember to label everything!

- **Food/snacks**
- **Bibs**
- **Pacifier/lovey**
- **Sippy cup**
- **Nap Sheet/Blanket**
- **Diapers**
- **Wipes** (If different from the ones provided by OSLA)
- **Diaper Cream** (A Medication Form must be completed for Diaper Cream)
- **Sunscreen** (A Medication Form must be completed for Sunscreen)
- **Extra Clothes**
- **Medications** (Please see Director with specific questions)

