

**PRIME TIME EXTENDED LEARNING CENTER, LLC.
INDIVIDUAL CARE PLAN**

Child Name: _____ Date: _____

Birthdate _____ Grade _____

Parent(s) names _____

Diagnosis: Attach diagnosis from doctor

What are the child's strengths and abilities? _____

What health concerns does Prime Time need to know about? _____

What emergencies could arise? _____

How would you like us to handle the above emergency(ies)? _____

Do you have any special hints about techniques you know that work well with your child?

What medication(s) does the child take? (Prime Time needs a 3 day supply in case of an emergency, along with the original label that includes dosage and administration. These need to be prescriptions or have doctor's written permission and instructions.)

What special accommodation does your child need? _____

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Does your child receive any special accommodation in his/her classroom?

What special materials or equipment does the child need? _____

Is there any special training needed for staff? _____

If so, what training is necessary? _____

Is there anything else you can think of that would help us support your child and help him/her have a successful day?

List all emergency contacts

Name	Address	Phone #
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Parent Signature _____ Date _____

Parent Signature _____ Date _____

Childcare provider Signature _____ Date _____