

Right Start Daycare- Personalized Care Details Sheet

Name of Child:	DOB:
What kind of milk does your child drink?	
Does your child drink milk before or after a nap?	
How long does your child usually nap?	
Any special things to be given during nap time? (soother/blanket/pillow/music)	
Special name for stuffy or soother?	
How does your child like to sleep? (needs music/back rubs to fall asleep, etc.)	
We do not offer any beverages to the child on the bed for safety reasons. AB Health regulation.	
What are the likes and dislikes of your child?	
How can we comfort your child if he/she is upset?	
Is your child potty trained?	
Do you want us to have your child sit on the potty? (If yes, how often?)	
Anything else you want the Teachers to know to help understand your child better?	