| Does your child have any allergies? | |
|------------------------------------------------------------|--|
| | |
| | |
| | |
| Do you have a specific bedtime routine? | |
| | |
| | |
| | |
| 3. How much screen time would you prefer your kid(s) have? | |
| | |
| | |
| | |
| 4. How would you like us to contact you? | |
| | |
| | |
| | |
| 5. Any other notes? | |
| | |
| | |
| | |