



## Getting to Know Your Child

So that we may continue to provide the best possible care for your child, please fill out the following where applicable.

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Sleep**

Where does your child sleep?

\_\_\_\_\_

Do you have a special way of helping your child settle down to sleep?

\_\_\_\_\_  
\_\_\_\_\_

What is your child's typical sleep schedule (including naps)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use a pacifier?

\_\_\_\_\_

Does your child use a blanket?

\_\_\_\_\_

### **Feeding**

Tell us how your infant/young toddler eats (breast fed/bottle/self feeds):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often does your child eat?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any feeding concerns?

\_\_\_\_\_  
\_\_\_\_\_

Allergies? Reactions?

---

---

**Behavior and Development**

Do you have any concerns with your child's behavior or development?

---

---

---

How do you comfort your child?

---

---

What is your child's favorite thing(s) to do?

---

---

---

Is there a specific thing(s) that you know of that your child does not like?

---

---

**Other**

Has your child previously been enrolled in child care? If so, for how long?

---

Siblings? If so, names and ages.

---

Is there anything else we should know to ensure your child has a successful day?

---

---

---

---

---