



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?
