

# Tell us about your child...



Please complete and turn in at Open House or on first day

<b>Name:</b> _____	<b>Birth date:</b> _____
<b>Parents:</b> _____	<b>Siblings:</b> _____
<b>Allergies:</b> _____	<b>Special Concerns:</b> _____
<b>Outside play okay?</b> _____	<b>Start date:</b> _____

Tell us about his/her routine...

*(We will try to maintain your routine as closely as possible)*

**Bottles:**

Type of formula?  
How many ounces?  
How often or at what time(s)?

**Food:** (parents initial when change in schedule occurs)

**Cups:**

Milk?  
Juice?

**Snacks:** We typically serve snacks such as animal crackers, graham crackers, goldfish, cereal...Is there anything you prefer we don't feed your child?

**Napping:** AM    PM    both    none *(circle the appropriate)*

Do you have a routine before naptime? *(i.e. rocking, reading books, laying down with a pacifier or special blanket?)*

Any special concerns or tips that would be helpful to us?

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

