

# ALL ABOUT ME



Child Name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Intolerance: \_\_\_\_\_

## ARRIVAL

What will help you and your child say  
goodbye to each other?

---

---

## DEPARTURE

In general who will be picking up your child?

---

---

## NAPPIES AND TOILETING

What type of nappies do you use?

---

Special instructions?

---

---

Is your child beginning to use the toilet or toilet trained?

---

Special instructions?

---

---

---

## SLEEPING

How will we know your child is tired?

---

When does your child usually nap?

---

---

What helps your child fall asleep?

---

---

How does your child like to be approached when  
just awake?

---

---

## EATING

### Babies

Are you breast feeding or bottle feeding?

---

If you are breastfeeding will you come to the  
center to breast feed? If so what times?

---

---

If bottle feeding how much will we prepare for each  
bottle?

---

How much formula does your baby normally  
drink at one time?

---

Is your baby eating solid foods?

\_\_\_\_\_

What times?

\_\_\_\_\_

All Children

What are some of your child's favourite food?

\_\_\_\_\_

\_\_\_\_\_

Are there any foods you dont want your child to eat?

\_\_\_\_\_

AWAKE TIME

How does your baby like to be held? What position does your baby prefer when just awake?

\_\_\_\_\_

What does your child like to do when awake? Please list some of his or her favorite books activities, songs or toys:

\_\_\_\_\_

Best way to contact you during the day?	Phone	Email	Text
---	-------	-------	------

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?