

Child's Name: _____ Date of Birth: _____

Parent/Guardian First Name(s): _____

Eating and Drinking

- How often does your child eat? _____
- What bottle temperature does your child prefer? _____
- How many ounces does your child typically eat? _____
- Which solid foods does your child eat?

General

- Does your child use a pacifier? _____
- Does your child have a blanket or special toy? _____
- What does your child like to do (be rocked, be on the floor, stories, music, etc.)?

- What soothes your child?

- Other likes: _____
- Other dislikes: _____

Sleeping Habits

- When does your child nap? _____
- How often and how long does your child usually nap? _____

Allergies and Medication

- Please discuss any allergies or medications we should be aware of. _____

Special Needs and Other Information

- If your child has any special needs, please discuss here briefly. We will create or locate an ICCP as needed.

- Is there anything else you'd like to share? _____

Family Traditions and Customs

- What is your child's home language? _____
- Are there any traditions or customs we should be aware of? Please explain. _____

Parent Signature _____ Date _____

Teacher Signature _____ Date _____