

All About Me

Child's Name: _____

Birthday: _____

Allergies: _____

Does the child have a special need or requirement? If yes, please explain.

Eating/Bottle Schedule and any special instructions:

Sleeping Schedule and any special instructions:

Does your child use a pacifier?

Yes

No

Looks like: _____

Does your child use a special blanket or snuggly?

Yes

No

Looks like: _____

****Please note children under age 1 are not allowed to have any blankets or other items in their pack and play per NAEYC requirements****

When I am sad I like to:

Diaper changing or potty training specifics:

I usually get dropped off around: _____

I usually get picked up around: _____

Any additional information you think would be helpful for us to care for your child:

Parent Name: _____

Parent Signature: _____

Date: _____