



Getting to Know Your Child

Child's Name: _____

Days Child Attends: _____

Arrival Time: _____

Departure Time: _____

Eating Schedule

Breakfast: _____ Time: _____

Lunch: _____ Time: _____

AM Snacks: _____ Time: _____

PM Snacks: _____ Time: _____

Bottle Schedule: _____

Sleep:

Time: AM: _____ PM: _____

Pacifier: Yes: _____ No: _____

Pat/Rub Back: Yes: _____ No: _____

Habits:

Toys Child Likes to Play With: _____

Child is Comforted By: _____

Other comments:
