

# 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_