

All About Me

Dinosaurs

Child's name: _____ Child's date of birth: _____

Nickname or preferred name: _____

Address: _____

Family

Primary Caregiver _____

Mother's name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Siblings-Names/Ages: _____

Pets-Name/Type: _____

Special toy I like at home: _____

Eating Habits

Food likes: _____

Food dislikes: _____

Any food allergies? _____ Eating problems? _____

Potty Training

Are you currently working on potty training with your child? _____

Does your child usually wear pull-ups or underwear? _____

Does your child need a pull-up during naptime? _____

Sleeping Habits

Does your child sleep through the night? _____

When does your child wake in the morning? _____

Does your child take naps? _____

Other Information We Should Know

Does your child have any special problems or fears? _____

Is there any other information you feel we should know? _____

Please list any special instructions on the care of your child below:

Please write the names of those authorized to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____