

All About Me

Grasshoppers

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

Nickname or preferred name: _____

Address: _____

Family

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

Does your child use a bottle? _____

Is your child on formula or milk? _____ What kind of milk or formula do you use? _____

How do you give the bottle? Room temp, warmed or cold? _____

Food likes: _____ Food dislikes: _____

Any food allergies? _____ Eating problems? _____

How often does your child eat? _____

How much? _____

Sleeping Habits

Does your child sleep through the night? _____

When does your child wake in the morning? _____

When does your child nap: Morning: _____ Afternoon: _____

Does your child use a pacifier? _____

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: _____