

# All About Me

## Ladybugs

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

Is your child bottle or breast fed? \_\_\_\_\_

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

Does your child hold his or her own bottle? \_\_\_\_\_

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

Is your child on baby cereal? \_\_\_\_\_

Is your child on strained or other baby foods? What kinds? \_\_\_\_\_

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**

Are you trying to encourage the use of sign language with your child? \_\_\_\_\_

What words are you signing? \_\_\_\_\_

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: \_\_\_\_\_