

# All About Me

## Leapfrogs

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? \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

How much? \_\_\_\_\_

What is your meal time like at home, i.e., does your child sit in a highchair or at a table etc.? \_\_\_\_\_

\_\_\_\_\_

### Potty Training

Does your child wear a diaper or pull-up? \_\_\_\_\_

Are you currently working on potty training with your child? \_\_\_\_\_

How often does your child use the potty? \_\_\_\_\_

**Sleeping Habits**

Does your child sleep through the night? \_\_\_\_\_

When does your child wake in the morning? \_\_\_\_\_

When does your child nap? \_\_\_\_\_

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: \_\_\_\_\_