



## GETTING TO KNOW YOUR CHILD

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Child's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_

.....  
Eating Habits (eats well, picky eater): \_\_\_\_\_

Food Allergies: \_\_\_\_\_  
.....

Sleeping Habits:     Takes A Nap             Doesn't Nap

.....  
Toileting/Diapering:     Goes to toilet by self     Needs reminders     Uses diaper

.....  
Communication:     Can tell what they need             Has a hard time telling what they need

.....  
How to comfort your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any dietary or medical needs we should know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any behavior or additional needs we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_