

All About My Child

Name _____

Date of Birth _____

My favorite toys are _____

My favorite thing to do is _____

When I'm hungry I

You can tell I'm tired when I

I do not use a pacifier _____

I do use a pacifier _____

I can drink from a sippy cup _____

During the weekends I nap _____ times per day

I usually sleep for _____ hours

I like to sleep with my _____

Additional Notes: _____

