

All about me

The purpose of this form is to help teachers and administrators understand your baby's unique personality and schedule.

Child's Name: _____ Birth Date: _____

Parent/Guardian Names: _____

Siblings names & ages: _____

Typical Daily Drop-off Time: _____ Typical Daily Pick-up Time: _____

Feeding Information: (check all that apply)

Breast Milk Formula (please specify: _____) Table Food

Baby normally drinks _____ oz. of milk/formula during the hours he will be at school.

Baby likes to burp after _____ oz.

Baby normally takes a bottle or nurses _____ oz. every _____ hours.

My child is currently eating solid foods in the form of:

Cereal Commercially prepared baby food (jar) Table Food No solids yet

Please describe amounts/frequency of feeding solid foods listed above:

Please write any additional comments about your baby's normal feeding schedule:

Diapering Information:

Baby normally wets his/her diaper _____ times/day. Baby normally has a bowel movement _____ times/day

Describe the consistency of your baby's bowel movement: firm soft liquid varies

Is your baby prone to diaper rash? _____

Sleeping Information:

Baby normally naps _____ times/day. Typical length of naps _____. Does your baby use a pacifier? _____

Is there any further information you can add to assists us in providing the best possible care for your baby?

Signature _____ **Date** _____