

ABOUT YOUR CHILD

NICKNAME _____

TIME OF DAY HE/SHE NAPS _____

SPECIAL WORDS OR SAYINGS AND THEIR MEANINGS

TV PROGRAMS HE/SHE ENJOYS

LIST OF FOODS YOUR CHILD LIKES TO EAT

LIST OF FOODS YOUR CHILD DISLIKES

TYPE OF SNACKS YOU WOULD LIKE FOR YOUR CHILD

ALLERGIES _____

MEDICATION _____

TYPES OF GAMES HE/SHE LIKES TO PLAY _____

SONGS SHE/HE ENJOYS

COMMENTS: WHAT YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD
