



## All about Me

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Is your child on a schedule or on demand? \_\_\_\_\_

Does your child drink from a bottle? \_\_\_\_\_ or cup? \_\_\_\_\_

Does your child drink a bottle every 2, 3, or 4 hours? \_\_\_\_\_

Does your child like bottles warm? \_\_\_\_\_

What type of formula does your child drink? \_\_\_\_\_

Baby Food or Table Food? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Does your child use a pacifier at nap time? \_\_\_\_\_

Does your child use diaper ointment? \_\_\_\_\_

Can your child sit up alone? \_\_\_\_\_ scoot? \_\_\_\_\_ crawl? \_\_\_\_\_ walk? \_\_\_\_\_

Does your child roll? back-to-front \_\_\_\_\_ front-to-back \_\_\_\_\_ or both \_\_\_\_\_

What makes your child happy? (Besides Mommy) \_\_\_\_\_

If your child is upset, how do you calm them down? \_\_\_\_\_

How do you get your child to sleep? \_\_\_\_\_

Month \_\_\_\_\_

Month \_\_\_\_\_

Parent initials' \_\_\_\_\_

Parent initials' \_\_\_\_\_

Month \_\_\_\_\_

Month \_\_\_\_\_

Parent initials' \_\_\_\_\_

Parent initials' \_\_\_\_\_