

ABOUT YOUR CHILD

NICKNAME _____

TIME OF THE DAY HE/SHE NAPS _____

SPECIAL WORDS OR SAYING AND THEIR MEANINGS _____

TV PROGRAMS HE/SHE ENJOYS _____

LIST FOOD YOUR CHILD LIKES TO EAT _____

LIST FOOD YOUR CHILD DISLIKES _____

TYPE OF SNACKS YOU WOULD LIKE FOR YOUR CHILD _____

ALLERGIES _____

MEDICATION _____

TYPES OF GAMES HE/SHE LIKES TO PLAY _____

SONGS HE/SHE ENJOYS _____

COMMENTS: WHAT YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD _____
