

All About Your Child

Childs Name: _____

Child's Date of Birth: _____

1. Does your child have any known allergies? If yes, please explain.

2. Does your child take bottles/sippy cups? If so, how many ounces and how often? Breast milk, formula fed, or whole milk?

3. Does your child use a nuk, blanket, or any other soothers during nap or throughout the day?

4. Does your child sleep in a crib? If not where does your child sleep? (Swing, co-sleep, etc.,.)

5. What is your child's sleep schedule like at night and during the day? What time does he or she go to bed and wake up?

6. Does your child eat pureed baby food? If so, are there any he/she can't have? Do you add rice cereal to it?

7. Does your child eat solid food? (diced/cut up foods) If so, are there any you would like us to avoid feeding him/her?

8. Is there anything we else we should know about your child to better care for him/her?

******* What to bring with for your child?**

Please bring 2 bottles to keep at daycare in your child's cubby for each day, bring 3 pairs of extra weather appropriate clothes to keep at daycare, along with diapers. Our center provides "Parent Choice" brand wipes but if you choose to bring your own wipes from home that is fine too. Also please bring a nuk if your child used one.

We use an app called "ProCare" to keep you updated throughout the day, if you ever have any questions feel free to message on the app or give us a call at 507-723-3227. *****
