

TODDLER INFORMATION

Child's Name _____

Date _____

Dietary Needs: (breakfast, lunch, solid foods, cut up, or not, anything your child doesn't like ect..)

Does your child have any known allergies? If yes, please explain. (food, non-food)

Sleep Pattern: Does your child sleep in a crib? If not where does your child sleep? Also do they need a bottle, nuk, or blanket, or to be rocked to go down for nap?

Toileting Routine: Is your child in diapers, pull-ups, or underwear? Are they potty trained or currently potty training?

Communication: How does your child communicate their needs/wants?

Special Considerations: (fears, comforting needs, habits) Anything else we should know to better care for your child?

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

Please bring 2 extra pairs of weather appropriate clothes to keep in your child's cubby for each day, 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 blanket for nap time, and also a nuk if your child uses 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. *****

