

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____ What is it? _____

How do you usually put your child to sleep (singing, rocking, etc.)? _____

Does your child sleep through the night? _____ If not, how often do they wake and what do you do when they wake (feed, rock, change, etc.)? _____

Does your child sleep alone or with others? _____

When does your child wake in the morning? _____

When does your child nap morning? _____ Afternoon? _____

Were there any complications during labor or delivery of your child? _____

Birth weight _____ Full term or wks _____

Any special needs or delays?

Concerns about child health or behavior? _____

Do you use disposable or cloth diapers? _____

What word do you/your child use for "urination"? _____

What word do you/your child use for "bowel movement"? _____

Individual toilet training plan (if applicable): _____

Please list any other important information or special instructions on the care of your child below:

Parent Print Name: _____ Date: _____

Parent Signature: _____

Relationship to Child: _____

Staff Signature: _____ Date: _____