



## Getting to Know You

Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Bedtime at Night: \_\_\_\_\_ Wakes Up in the Morning: \_\_\_\_\_

# of Naps Typically During the Day: \_\_\_\_\_ Duration of Naps: \_\_\_\_\_

What time does your child usually take nap(s): \_\_\_\_\_

If fussy, your child responds well to: \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

### ***If Bottle Fed:***

# of Bottles: \_\_\_\_\_ Frequency: \_\_\_\_\_

Amount per Bottle: \_\_\_\_\_

Any special information in feeding or bottle preparation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***If Eating Solids:***

Does your child typically finish their breakfasts and lunches? \_\_\_\_\_

# of Snacks the Child is Used to: \_\_\_\_\_

Any special information in feeding or food preparation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical issues we should be aware of? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_