

Toddler All About Me!

My name is: _____ Nickname: _____

I am _____ months old, my birthday is _____

When there is a birthday in my room, I am allowed to have a treat if a friend brings one ()yes ()no

My parents names are: _____

I have _____ brothers & _____ sisters, their names and ages are: _____

My personality is typically: _____

I am most interested in: _____

My favorite foods are: _____

The foods I dislike are: _____

I have been in childcare before: () yes () no

I have a regular bedtime and routine: () yes () no

I usually go to bed at _____ and wake up in the morning at _____

I have: Trouble Sleeping? _____ Night Terrors? _____ Trouble Going to Sleep? _____ Other: _____

I take a nap: () yes () no If yes, how long do I usually nap? _____

At nap time I use a pacifier () yes () no . The brand name is: _____

My mood upon waking up is typically: Happy, Grouchy, Clingy, Slow, Other: _____

Do I have any known health problems? () yes () no If yes, describe: _____

Do I need regular medication? () yes () no If yes, what and when is it given? _____

Does your child have any known allergies? () yes () no If yes, please list allergies: _____

Special instructions in case of an allergic reaction: _____