

CHILD CARE INFORMATION SHEET

Name _____ Date of Birth _____

Parents Names: _____

Potty trained? Yes or No

During the day wears: Underwear Pull-up Diaper

Naptime wears: Underwear Pull-up Diaper

Allergies: Food _____

Skin _____

Other _____

My child is a good eater picky eater slow eater.

Does your child normally nap? Yes or No

Does your child sleep with anything? No or Yes

If yes, what? _____ Does it go home each day? Yes or No

How often do you want your nap mat sent home to be washed: Daily Weekly Bi-monthly Monthly

Must be brought back for your child to use as we are limited on mats (Circle one)

OTHER HELPFUL INFORMATION (Please include specific schedule for feeding, sleeping, etc.)
