



Dear Parents,

To serve your child's needs in a more individual manner, we ask that you complete this form and return it to the Nursery.

Child's Name: _____ Date of Birth: _____

My child takes: BREASTMILK FORMULA JUICE MILK

If taking BREASTMILK: Warmed? _____
How much? _____ How often? _____

If taking FORMULA: Type of FORMULA: _____ Warmed? _____
How much? _____ How often? _____

If taking JUICE: Type of JUICE(S): _____ Diluted? _____
How much? _____ How often? _____

If taking MILK: Type of MILK: _____ Warmed? _____
How much? _____ How often? _____

Does your child drink from a sippy cup or a bottle? _____

If eating baby food, my child eats: CEREAL VEGETABLES FRUITS MEATS

- CEREAL: What type? _____ Mixed with Warmed? _____
- VEGETABLE: What type(s)? _____
_____ Warmed? _____

• FRUIT: What type(s)? _____

• MEAT: What type(s)? _____

_____ Warmed? _____

If eating table food, my child eats: VEGETABLES MEAT FRUITS

• VEGETABLE: What type(s)? _____

Prepared how: _____

• MEAT: What type(s)? _____

Prepared how: _____

• FRUIT: What type(s)? _____

Prepared how: _____

OTHER: _____

When eating my child prefers to: BE FED USE HANDS USE TODDLER-SIZED UTENSILS

SLEEPING POSITION: STOMACH BACK SIDE

When sleepy, my child prefers to: BE ROCKED BE LAID IN BED BE PATTED

OTHER: _____

Does your child use a pacifier? _____ When? _____

Diapering "Dos and Don'ts:

Other helpful information (please include schedules for sleeping, feeding, etc.)

Thank you for sharing your child with us!

Teachers of the Tadpole Learning Center

I understand that it is my responsibility to inform the Nurse staff of any changes regarding my child's information.

Parent Signature

Date