



GETTING TO KNOW YOUR CHILD (Infant/Toddler)

Welcome to BedRock Preschool! Entering preschool is an exciting time, but we also understand it may cause some anxiety. The information that you provide will help the teachers to transition your child into preschool. Please complete form and submit to your child's teachers.

Names of Parents: _____

Child's Name: _____ Nickname: _____ Child's Date of Birth: _____

___ Pre-Mature Birth ___ Full-Term ___ Home Birth ___ Hospital Child's Birth Weight: _____

Does your child have allergies/ dietary restrictions? _____

Child's General Mood: Are they mostly happy, fussy, colicky, quite? _____

Is your child: ___ crawling ___ standing up ___ walking

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child bottle or breast-fed? _____ Is child currently on: Breast milk ___ Formula ___ Whole ___

What kind of milk or formula do you use? _____

How do you give milk? At room temp, warmed, cold? _____

Does the child hold his or her own bottle? Or is using sippy cup? _____

Does your child drink? ___ Juice ___ Diluted 1/2 water 1/2 juice ___ No Juice _____ Special Instructions

List food your child likes: _____

Food dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

What time does your child eat breakfast at home? _____

Approximately when will your child arrive to school? _____

* Please observe our pick up and drop off policy

Does your child use a pacifier? _____ When? _____ Special Instructions: _____

Does your child need a special comfort blankie/ cuddly to sleep with? _____

Does your child have a favorite song or book? Specific interest? _____

Does your child sleep through the night? _____ If not, how often is he or she awake for? _____

How do you usually comfort him or her if awake during the night? (feed, rock, change, sing, etc...) _____

When does your child wake in the morning? _____

When does your child nap morning? _____ Afternoon? _____

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

