

Help Us Get to Know Your Baby!

Please return to Teacher next day of class

Child's Name _____
Last First Middle (Nickname)

Your Name & Relationship to child: _____ Date _____

Please give us your e-mail address so that we may keep in touch: _____

1. What are some of your child's favorite things to do? _____

2. What are some of your child's favorite foods? Is s/he on solids? Does s/he have any food allergies or unusual eating habits? _____

3. What is your child's typical feeding schedule? _____

4. Does your child have a favorite toy or other comfort object? What is it? When does our child seem to need it most? Will you send it to school? _____

5. How does your child like to be comforted? Rocking? Walking? Any helpful tips? How does your baby like to be held (cradle hold, upright, facing out)? _____

6. What is your child's typical nap schedule and routine? _____

7. Does your child know any other children in our class? If so, who? _____
8. Does your child cry easily? Is he shy or overly aggressive with his peers? Have any special fears?

9. Has your child had an opportunity to play with other children of his age frequently? _____
10. Behavior Habits: Sucking fingers, thumb, pacifier, etc. _____
11. Participation in group activities: Sunday School, music, etc. _____
12. Names and ages of brothers and sisters: (including half & step siblings)
 1. _____ 2. _____
 3. _____ 4. _____
13. What else would you like us to know about your child: _____

