

For the Month of:

# All About Me

My Name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am currently \_\_\_\_\_ Months old!

I drink (circle all that apply): Formula    Breastmilk    Whole Milk    Water

I drink from a (circle all that apply): Bottle    Breast    Sippy Cup

The brand of Formula (if applicable) that I drink is: \_\_\_\_\_

The brand of Bottles (if applicable) that I use are: \_\_\_\_\_

I take my bottles every \_\_\_\_\_ hours. If I typically take them ON DEMAND please check here:

I use a pacifier: YES    NO    The brand of my pacifiers are: \_\_\_\_\_

My Mommy and Daddy would like me to have my Pacifier (circle all that apply):

On Demand    Only at Nap Time    Other: \_\_\_\_\_

## Breakfast

I eat Breakfast at: \_\_\_\_:\_\_\_\_ A.M.

I can have (circle all that apply):

Applesauce    Bananas    Cheerios    Puffed Rice

I eat food from home which consists of:

\_\_\_\_\_  
\_\_\_\_\_

## Lunch

I eat Lunch at: \_\_\_\_:\_\_\_\_ A.M./P.M.

I can eat (circle all that apply):

All Catered Lancer Food

Some Catered Lancer Food (See my Menu)

Food from home which consists of:

\_\_\_\_\_

For **Snacks** I can have (circle all that apply):

<i>Does not apply at this time</i>	Animal Crackers	Saltine Crackers
Cheese Slice	Chocolate Chip Cookies	Graham Crackers
Veggie Straws	Nilla Wafers	Club Crackers
Ritz Crackers	Goldfish	Cheeze-it's
Cheerios	Soft Fruits	Snacks from home

If I am "1", I get to celebrate Birthdays with my Friends! My Mommy and Daddy say that if a friend bring in store bought treats I (circle one):    CAN HAVE IT    CANNOT HAVE IT QUITE YET

I have an Allergy and/or Special Diet: \_\_\_\_\_

I have a **Care Plan** for my Allergy/Special Diet that my Teacher's need to be aware of: YES    NO

\*Please note, if you have selected that your child has an allergy or that of a special diet you need to have your physician complete a Care Plan. Please see the office for additional forms and information.

~\*Turn-over for more exciting information about ME!\*~

**Nap/Rest Time**

I typically take naps \_\_\_\_\_ times per day. I usually sleep \_\_\_\_\_ minutes/hours per nap.

**Crib Sleepers**

Put me to sleep with a (circle all that apply):  
Pacifier Sleep-sack

To Sleep I like (circle all that apply):  
To be laid down awake To be rocked

**Cot Sleepers**

My child is at least 12 months old and has a  
signed cot permission slip: YES NO

Put me to sleep with a (circle all that apply):  
Pacifier Special items from home  
Items include: \_\_\_\_\_

Other Special Instructions:

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If you have questions call my Mom, her name is: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mom checks daily connect (circle one): Frequently At Night Never

If you have questions call my Dad, his name is: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

Dad checks daily connect (circle one): Frequently At Night Never