

ALL ABOUT ME!

FOR THE MONTH OF: _____

My full name is _____ and I am _____ months old! My birthdate is: _____.

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) I drink is _____ The brand of bottles (if applicable) I use are _____.

I take my bottles every _____ hours. If I typically take my bottles **ON DEMAND** please check here

If I use a pacifier, the brand name is _____. My Mommy and Daddy would like me to have my pacifier (Circle all that apply) On demand Only at naptime other _____
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Anna's Bananas Daycare and Preschool serve Breakfast to the babies roughly between 7:00am and 8:00am

I will be eating breakfast at Daycare! Here are the items I may have (circle all that apply):

Applesauce Bananas Cheerios Puffed Rice Items from home _____

Anna's Bananas Daycare and Preschool serve Lunch to the babies roughly between 11:00am and 12:00pm

I will be eating solid foods at Daycare! Here are the items I may have (circle all that apply);

All catered Lancer Lunch Some Catered Lancer Lunch (see my menu) Food from home _____

Anna's Bananas Daycare and Preschool serve and Morning and Afternoon snack for those who eat solid foods

For Snack I may have (circle all that apply):

Does Not Apply At This Time	Cottage Cheese	Saltine Crackers
Cinnamon Oat Cereal	Applesauce	American Cheese Slice
Yogurt	Nilla Wafers	String Cheese Stick
Ritz Crackers	Goldfish Crackers	Snacks From Home
Cheerios	Soft Fruits	

If I am a one-year-old, I get to celebrate Birthdays with my Friends! My Mommy and Daddy say that if a friend brings in store bought treats, I may (circle one): *Enjoy the birthday treat* *Cannot have quite yet*

I have an Allergy and/or special diet _____

I have a Care Plan that my teacher needs to be aware of: YES NO If yes, my care plan is for _____

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

I typically take naps _____ times per day. I usually sleep for _____ minutes per nap	
Crib Sleepers! Put me to sleep with a (circle all that apply) Pacifier Sleep-Sack	Cot Sleepers for children 12 months and older and signed cot permission slip Put me to sleep with a (circle all that apply) Pacifier Special item from home

If you have questions. Call Parent #1, whose name is _____ They check daily connect (Circle one) Frequently at night Never

Parent #1 Phone numbers are: Cell: _____ Home: _____ Work _____

If you have questions. Call Parent #2, whose name is _____ They check daily connect (Circle one) Frequently at night Never

Parent #2 Phone numbers are: Cell: _____ Home: _____ Work _____

Other special instructions: _____
