

Master

Greenwood Montessori Children's House

Special Information for _____

1. What is your child's current daily sleeping schedule?
Morning Wake Up Time _____ Daily Nap Times _____
Evening Bedtime _____
2. Is your child sleeping through the night?
3. What upsets or frightens your child?
4. What does your child find soothing or comforting?
5. How does your child react to strangers?
6. Is your child using a cup, bottle, or both?
7. Are you breastfeeding your child? Is so, at what times?
8. What times does your child receive a bottle each day? _____ Number of ounces? _____ Does your child drink formula, whole milk, 2 percent milk? _____
9. Any special instructions concerning bottle feeding?
10. Does your child eat baby food or table food?
11. Please list foods your child is now eating.
Vegetables Fruits Meats Juice Breads
12. Does your child eat finger foods? If yes, please list. We offer Gerber Fruit Puffs or Cheerios for snacks.
13. Where does your child spend his/her waking hours?
Crib Playpen Floor Swing Bouncer Being held
14. What toys and activities make her/him happy?
15. When does your child usually have bowel movements?
What does your child call: bowel movement _____ urination _____
16. Please share any other information you would like us to know about your child on the back of this form.

Parent's Signature _____

Date _____