

## TODDLER STUDENT INFORMATION FORM

Child's Name:		Date of Birth:	
<b>FEEDING INSTRUCTIONS</b>			
Milk Type	Time (s)	Amount	How is milk given (type of cup)?
Cow's Milk			
Milk Substitute			
<b>FOOD INSTRUCTIONS</b>			
Food Type	Time (s)	Approved Foods	DO NOT GIVE
Table food			
School food			
Other			
<b>Can your child be given treats that are provided by school or other parents for special events? (Ex: cupcakes/cookie/etc.)- Circle Yes or No</b>			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
<b>SLEEPING INSTRUCTIONS</b>			
How does your child normally sleep (where/ how long/ difficulty falling asleep/ etc.)?			
What comfort item does your child sleep with (ex: you may provide a sheet and blanket. Does your child also sleep with a lovey or a pillow)?			
<b>Additional Sleep Comments/Instructions:</b>			
<b>Diapering/Toilet Instructions (Have you started potty training? What is your current routine/process?):</b>			
<b>Additional Comments:</b>			
<b>Signature of Parent or Legal Guardian:</b>			<b>Date:</b>