



# Infant / Toddler Profile Page

Information that you provided will help us to learn a little about your child in order for us to help ease the transition period. Our goal is to make you and your child feel comfortable. Should you have any questions please feel free to speak to your child's Educator or Child Care Supervisor.

Thank you for choosing YMCA Child Care.

Hello my **name** is: \_\_\_\_\_ and my **birthday** is: \_\_\_\_\_

At my house I **live with**: \_\_\_\_\_ and I have \_\_\_\_\_ **brothers**, \_\_\_\_\_ **sisters** and their names are \_\_\_\_\_ and sometimes **special visitors** come like: \_\_\_\_\_ (names of grandparents, aunt and uncles, etc).

I have a **pet**: \_\_\_\_\_ whose name is: \_\_\_\_\_

Thinks I **like to do**: \_\_\_\_\_

My favorite **toy/games**: \_\_\_\_\_

Things that **scare** me: \_\_\_\_\_

To help cheer me up **when I am upset** my mom/dad will \_\_\_\_\_

**Eating** routine: I am on formula: \_\_\_\_\_ Table food: \_\_\_\_\_

I **drink** from:  a Bottle  Sipper cup  Regular cup I can use utensils':  Yes  No

**Food** I really like: \_\_\_\_\_ Food I **DON'T** like: \_\_\_\_\_

**Times I eat**: Breakfast at: \_\_\_\_\_ Lunch: \_\_\_\_\_ Supper: \_\_\_\_\_

When I have a **bottle** I drink: \_\_\_\_\_ (oz) Cereal I eat: \_\_\_\_\_ (amount)

I go down for a **nap** at: \_\_\_\_\_

When I go down for naps, I like:  to be rocked  go to sleep on my own

## Additional Information

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