TODDLER PROFILE SHEET

Toddler _____ **Sex**_____ **Date of Birth**_____
Last Name First Name

Brother=s/Sister=s Name _____ _____

_____ _____

My Toddler doesn't like the following foods:

_____

My Toddler is not allowed to eat the following foods:

_____

My Toddler is not allowed to drink the following drinks:

_____

My Toddler uses the following powder:

_____

My Toddler uses the following diapers: Size_____

Your Toddler will use the same sippy cup each day. They will be sterilized each day.

Please send in your personal diaper bag for your Toddler to include diapers, powder, and a change of clothes.

Does your Toddler have any allergies? Yes _____ **No** _____
If yes, what are they?

_____

Use the space below to provide us with any further information you feel will help us in working with your child.

_____
_____
_____
_____
_____