

Toddler All About Me

Name _____ Date _____

My child is on formula/whole milk/breastmilk/other: _____

If your child is on formula, what brand: _____

My child eats baby food/table food.

My child can/cannot have juice.

My child uses a school cup/I send my child a cup.

My child does/does not use a pacifier.

My child can use _____ cream for diaper rash.

I am current/am not current on my immunizations, and have/have not turned a copy in to the front office.

My child can/cannot walk.

My child is allergic to _____.

Special instructions for my child:

Parent Signature _____ Date _____