



# Help Us Get to Know Your Little One!

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Habits & Temperament

I am:  usually happy  have frequent temper tantrums

I enjoy playing with others:  yes  no

I enjoy:  quiet activities  physical activities  both

I nap well:  yes  no I sleep well at night:  yes  no

My favorite activities include: \_\_\_\_\_

## Health

Major health problems?

\_\_\_\_\_  
\_\_\_\_\_

Past health problem?

\_\_\_\_\_  
\_\_\_\_\_

Allergies?

\_\_\_\_\_  
\_\_\_\_\_

Medications taken at home.

\_\_\_\_\_  
\_\_\_\_\_

## Helpful Hints

Please list any specific hints or instructions to help us get to know your child better

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_