

# Getting to Know Your Child

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

It is important for us to have a little information about your child to help us get to know them.

## ***Napping:***

- No, my child no longer naps
- Yes, my child naps
- My child naps sometimes



The children will nap in their classroom on a cot under the supervision of classroom staff.

If your child naps, please send in a crib sheet and a light blanket clearly marked with their name

## ***Diapers / Pull-Ups:***

*Please circle:*          Diapers    \*    Pull-ups    \*    Training    \*    Fully Trained

If your child is not potty trained, please send in diapers or pull-ups and ointment with their name clearly marked on the packages.

*Ointment:*      Yes    No    Name of ointment \_\_\_\_\_

*It is ok to use generic ointment if needed :*      Yes    No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_