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### **Toddler / Preschooler Information**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### **Eating:**

Does your child have a good appetite? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Please describe a typical **daily menu** for your child:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

#### **Sleeping:**

Does your child nap? \_\_\_\_\_

How long? \_\_\_\_\_

How long does your child sleep at night? \_\_\_\_\_

Does your child have a special "attachment toy" to sleep with? \_\_\_\_\_

\_\_\_\_\_

#### **Toileting:**

Is your child toilet trained? \_\_\_\_\_

What words does your child use to indicate he/she has to urinate? \_\_\_\_\_

Have a bowel movement? \_\_\_\_\_

Does your child use a potty chair or adult toilet? \_\_\_\_\_