

Getting to know your Star Light

Eating Habits:

Does your child still take a bottle: Yes OR No

Do you use Formula, Breast Milk, or Whole Milk: _____

Does your child eat table food or jar food only: _____

Please provide a typical eating schedule, including amounts per feeding, for one day:

Sleeping Habits:

Between 12-18 months children will transition to only 1 nap per day please help us understand where your child is in this transition.

Please provide a normal nap schedule for your child:

Please provide additional information that you would like for us to know about your parenting style or the temperament, likes and dislikes of your child so that we can offer the best care possible:
