

Wee Love Learning "About your Child"

(To be complete by the Parent or Guardian in-full)

Are there any custody restrictions? ☐ Yes ☐ No

If yes please explain:

Siblings:

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Any Pets? _____

Any Allergies:

☐ Yes

☐ No

Please list allergies if yes:

Doctor Ordered: _____

(Must fill out Food Allergy and/ or Special Dietary Requirements and have signature from Health Care Provider)

Life threatening symptoms: _____

Parent Preferences: _____

(This is **Not** considered an allergy, rather an intolerance that is not life threatening)

Non-life-threatening symptoms: _____

Does your child take naps during the day?

☐ Yes

☐ No

☐ Sometimes

How long? _____

Does your child use:

☐ Bottle

☐ Cup

☐ Both

Is your child:

☐ Not Potty Trained

☐ Currently learning to Potty Train

☐ Is Potty Trained

Will your child tell the teacher when they need to go?

☐ Yes

☐ No

Potty Training Comments: _____

Does your child take any medication?

☐ Yes

☐ No

If yes please explain: _____

Is there any other information about your child that would be helpful for the staff to know in order to take care of your child better? (Please add additional pages if needed)

Infant Need Information

(INFANT ENROLLMENT ONLY)

What formula does your infant use?

Amount given per feeding: _____oz

How often? _____

Does your infant milk or formula need to be heated?

☐ Yes

☐ No

☐ Sometime

Does your infant food need to be heated?

☐ Yes

☐ No

☐ Sometimes

Is your infant on table foods?

☐ Yes

☐ No

☐ Some