

Name _____ Birth Date _____

Parent _____

Email address _____ Telephone _____

Parent _____

Email address _____ Telephone _____

Home Life: Who lives in your home?

Sleeping Schedule:

Typical Time for Bed - Weekdays

Typical Time to Wake-Up - Weekdays

Typical Time for Bed - Weekends

Typical Time to Wake-Up - Weekends

Naps: Does your child typically...

- Nap every day Only during the week Only on the weekend
 Still takes one here or there but starting to need less Doesn't nap anymore

Sport & Recreation:

Is your child in sports? swim lessons? ECFE classes? music lessons? What time or days?

Traditions:

Does your family have any specific functions or traditions that you do together?

Changes:

Has your family had any big changes recently? Or anything coming up?

Helpful Information:

Is there anything else you'd like me to know about your child?
