

# Daily Schedule for Your Toddler

Please tell us a little about your child.

Child's Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Age: \_\_\_\_\_

Birth date: \_\_\_\_\_

Child's regular eating schedule: \_\_\_\_\_

Child's regular sleeping schedule: \_\_\_\_\_

How do you get your child to sleep: \_\_\_\_\_

How do you comfort your child: \_\_\_\_\_

Do you want your child to have a blanket and/or pacifier at naptime: \_\_\_\_\_

Is your child potty training? (Please circle one)      yes      no

Please list any other comments that you feel would be helpful to us...

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