**All About Me!**

Personal Information for Infants and Young Toddlers

Name:

Birth date:

Siblings:

**When I sleep**

Morning wake up time: Daily nap times: Evening bed time:

To help me relax and go to sleep, I really like:

**When I eat**

Morning meal time: Afternoon snack time:

Morning snack time: Dinner time:

Lunch time: Evening snack time: **What I like to eat**

Circle one: I am breast fed I am bottle fed I drink from a sippy cup Type of formula: Special instructions for preparing formula:

**Types of baby food I can eat**

Vegetables Fruits Meats Juices Breads **Table foods I can eat**

|  |  |  |
| --- | --- | --- |
| I like to: Swing | Listen to stories | Listen to Music |
| Play Peek a boo | Crawl /toddle | Be in exersaucer |

My mommy or daddy would describe me as: