

Start Date: _____

BLUE PROGRAM

Child's name: _____ Birthdate: _____

TABLE FOODS: Transition children eat their meals and snacks seated on chairs at low tables. We use sippy cups at first and gradually introduce the children to a small cup without a lid. We also encourage the children to use a spoon as they feed themselves. We give all children in the Transition group whole milk.

Foods your child does not tolerate or digest well: _____

COMFORTING: Does your child use a pacifier? _____
Does your child have a favorite blanket or stuffed animal to sleep with? _____
What does he/she call it? _____

TEETHING: During teething do you notice that your child is:
very fussy _____ just a little uncomfortable _____ no noticeable change _____
Any other comments about teething? _____

DEVELOPMENT: Describe your child's present abilities and interests. What does he like to do?

LANGUAGE: Words your child is beginning to use _____

DAILY SCHEDULE: Briefly describe a "typical" day for your child. Please note if the routine varies significantly on a day when your child comes to day care.

Our routine in the Transition room involves outside play or walks daily as the weather allows, as well as other hands-on messy play with play dough, paint, shaving cream, etc. Please send your child in play clothes rather than dress clothes. We appreciate a full change of clothes being kept in your child's bucket, just in case!

Is there anything else about your child that you would like us to know about?

Members of Household:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____