



# All about Me

**Name:**

**Brand of Formula/Milk I like to drink:**

**My home language is:**

**I have/have not been in a child care setting.**

**My eating schedule is:**

**My sleeping schedule is:**

**I like to fall asleep: (with music, rocking, etc.)**

**I like to sleep in/with:**

**I do/do not like to use a pacifier.**

**I usually cry when:**

**Special things I really like are:**

**\*Please use the back of this sheet to share any additional information that may be helpful in caring for your child**