

# Tender Hearts Learning Center

## Infant/Toddler Preference Form

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

Date of Birth: \_\_\_\_\_

Preferred sleeping position: \_\_\_\_\_

Preferred nap times: \_\_\_\_\_

Preferred eating times: \_\_\_\_\_

Preferred amount of tummy time: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Favorite Diaper and current size: \_\_\_\_\_

Preferred type of formula/breast milk: \_\_\_\_\_

Amount of formula or breast milk to be fed: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Is there anything else you would like us to know about your child: \_\_\_\_\_

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