

# WELCOME TO

# 'S ROOM

I am  months/ years old

Things I like to do/ Ways to engage with me:

My favorite toy is:

My favorite thing to play is:

Things that make me feel comfortable:

Things I don't like:

☆ My Schedule is usually: ☆

AM

PM

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Family involvement is essential to your child's care and you are a very important part of the team. Please tell us about your child.