



89 Cheshire Street  
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## BASIC DIAPER/POTTY INFORMATION

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

Nickname \_\_\_\_\_ Child's Date of birth \_\_\_\_\_

How frequently should staff check/change your child's diaper?

\_\_\_\_\_  
\_\_\_\_\_

Has your child showed any signs that they are ready to start potty training? If so, what is their potty schedule at home?

\_\_\_\_\_  
\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_