Parent Diapering and Toilet Training Instructions

Child’s Name: ____________________________________________

Diapering Information: __________________________________________

List lotions, powders, or ointments you will supply and give us permission for us to use on your child if:

Wet: __________________________________________

BM: __________________________________________

Rash: __________________________________________

Parents Signature: __________________________________________ Date: ______________________

________________________________________

Toilet Training

What routine or schedule, if any, does your child have and/or need to follow for successful training:

Morning:

Noon:

Afternoon: