



## HELPFUL INFORMATION ABOUT YOUR CHILD-TODDLER

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CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### DEVELOPMENTAL HISTORY

DOES YOUR CHILD HAVE ANY NICKNAMES HE/SHE LIKES?

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AGE CHILD BEGAN SITTING:      CRAWLING:      WALKING:      TALKING:

DOES YOUR CHILD WALK INDEPENDENTLY?

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HOW DO YOU HANDLE FUSSY TIMES?

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### FAMILY INFORMATION

ARE THERE ANY IMPORTANT ADULTS IN YOUR CHILD'D LIFE?

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WITH WHOM DOES CHILD RESIDE?

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WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?

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ARE BOOKS READ IN LANGUAGE OTHER THAN ENGLISH?

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ARE THERE WORDS IN HOME LANGUAGE THAT WE SHOULD KNOW?

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PLEASE TELL US ABOUT ANY CULTURAL FAMILY CUSTOMS, RITUALS OR TRADITIONS THAT WILL HELP US MAKE YOUR CHILD'S EXPERIENCE MORE MEANINGFUL.

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HAS YOUR CHILD BEEN ENROLLED IN CHILD CARE BEFORE?

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HOW DOES YOUR CHILD GET ALONG WITH ADULTS?

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DOES YOUR CHILD HAVE ANY SIBLINGS OR CLOSE FRIEND RELATIONSHIP?

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EATING HABITS

TELL US ABOUT YOUR CHILD'S EATING HABITS? SPECIAL DIET?

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DESCRIBE ANY EATING PROBLEMS YOUR CHILD MAY HAVE

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ANY FOOD ALLERGIES?

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DOES YOUR CHILD USE SPOON \_\_\_\_\_ HANDS \_\_\_\_\_

WHAT ARE HIS/HER FAVORIT FOODS?

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WHAT FOOD ARE REFUSED? \_\_\_\_\_

DOES YOUR CHILD USE A BOTTLE OR PACIFIER?

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HEALTH/DEVELOPMENT

WHAT COMMUNICABLE DISEASES HAS YOUR CHILD HAD?

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ANY SERIOUS ILLNESS OR HOSPITALIZATION? \_\_\_\_\_

ANY PHYSICAL DISABILITIES? \_\_\_\_\_

ANY KNOWN ALLERGIES? \_\_\_\_\_

ARE THERE ANY MEDICATION GIVEN REGULARY?

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HOW DOES YOUR CHILD DEAL WITH BEING SEPARATED FROM YOU?

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DOES YOU CHILD HAVE ANY PARTICULAR FEARS?

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HOW DOES YOUR CHILD LIKE TO BE COMFORTED WHEN UPSET?

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HOW DOES YOU CHILD DEAL WITH ANGER AND FRUSTRATION?

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WHAT TOY(S) YOUR CHILD MOST LIKE TO PLAY WITH?

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DOES YOUR CHILD HAVE A PARTICULAR BLANKET, TOY OR PILLOW THAT HE/SHE SLEEPS WITH?

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DOES YOUR CHILD TAKES NAPS? \_\_\_\_\_

TOILET/DIAPERING

HAVE YOU BEGUN TO TOILET TRAIN YOUR CHILD?

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WHAT WORD(S) DOES YOUR CHILD USE FOR URINATION, BOWEL MOVEMENT?

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HAS ANYONE EXPRESSED CONCERN ABOUT YOUR CHILD'S DEVELOPMENT?

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HOW DO YOU SET LIMITS AT HOME? (BOUNDARIES, DEALING WITH POSITIVE AND NEGATIVE BEHAVIOR)

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IS THERE ANYONE WHO IS RESTRICTED FROM PICKING-UP OR INQUIRING ABOUT YOUR CHILD? \_\_\_\_\_

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WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD EXPERIENCE WHILE AT THE CENTER?

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SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.