



Helpful Information about your child - Toddlers

Child's Name _____ Date of Birth _____

Parent(s) Name(s) _____

Does your child have any nicknames he or she likes or is used to? _____

Are there any other important adults in your child's life? _____

Has your child been enrolled in child care before? _____

What is the primary language spoken in your home? _____

Does your child have any siblings or close friend relationships? _____

Does your child use a bottle or pacifier? _____

Tell me about your child eating habits/patterns. _____

What toy(s) does your child most like to play with? _____

How does your child deal with being separated from you? _____

Does your child have any particular fears? _____

How does your child like to be comforted when upset? _____

Does your child have a particular blanket, toy or pillow that he or she sleeps with? _____

Tell us about your child's sleeping habits/patterns: _____

Have you begun to toilet train your child? _____

What word(s) does your child use for urination? _____

What word does your child use for bowel movement? _____

Are there any patterns to your child's toileting? _____

Has anyone expressed concern about your child's development? _____

How do you set limits at home? (boundaries, dealing with positive and negative behavior) _____

Is there anyone who is restricted from picking-up or inquiring about your child? _____

What are your expectations for your child's experience while at the center: _____