

Toddler Information Form

Child's Full Name _____ Date of Birth _____

Preferred name or nickname you would like us to use _____

My parent's names are _____

Other family members or important people in my life are _____

What is your child's home language? _____

Does your child use a sippy cup? yes no A pacifier? yes no

Is your child toilet trained? yes no Does s/he wear pullups or underwear? _____

If not, when do you wish to begin training? _____

How does your child communicate the need to use the restroom? _____

Does your child usually nap during the day? yes no If so, for how long? _____

Does your child have a favorite blanket, security or comfort items? _____

Do you have any concerns about you child's development? _____

What are your child's favorite foods? _____

Does your child have any known allergies? _____

Any foods you do not wish your child to have due to religious preference? _____

Occasionally we give out treats at school. Is it permissible for your child to have them? yes no

Culture is very important to a developing identity. What holidays, religion or cultures are important to your family? _____

Are you aware of anything that frightens your child? _____

Has your child attended a child development center before? yes no

Does s/he get along well with other children? yes no sometimes

By nature is your child friendly aggressive shy withdrawn very active ?

What is one more thing that you would like us to know about your child? _____
