

## TODDLER INFORMATION 12 – 36 MONTHS

Name of Child:	DOB:	Age:	Sex:
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(For some question, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes/No

Where was your child enrolled? \_\_\_\_\_

How does your child behave when sick? \_\_\_\_\_

How is your child most easily settled when upset or afraid? \_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

Eating Behavior:

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Drinks from: Cup, Cup W/lid, Bottle

Eats with: Spoon, Hands or Both

Any food allergies or special needs? \_\_\_\_\_

Sleeping Behavior:

Does your child take an afternoon nap? Yes/No How long? \_\_\_\_\_

Special toy or blanket for naptime? Yes/No What? \_\_\_\_\_

Rest times: \_\_\_\_\_

What is mood upon awakening?: \_\_\_\_\_

Toilet Habits:

Is your child potty trained? Yes/No

If toilet training, does child indicate bathroom needs? \_\_\_\_\_

Does child wear diapers while napping? \_\_\_\_\_

Does your child need help with toileting? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? Yes/No

Does your child have any "accidents"? Yes/No

What words does your child use for: Urination: \_\_\_\_\_ BM's: \_\_\_\_\_

Does your child wear: Disposable Diapers/ Pull-ups/ Other? \_\_\_\_\_

Do you use: Desitin/Powder/Special Wipes/Other? \_\_\_\_\_

Is diaper rash a problem? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

Father/Guardian's Signature	Date
Mother/Gurdian's Signature	Date
Center Director's Signature	Date