

## 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?	
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Does your child have any siblings or close friend relationships?	
Does your child use a bottle or pacifier?	
Tell me about your child's eating habits/patterns.	
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?	
What toy(s) does your child most like to play with?	
Does your child have a particular blanket, toy or pillow that s/he s	
Tell me 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 positiv	e and negative behavior)
Is there anyone who is restricted from picking-up or inquiring abo	out your child?
What are your expectations for your child's experience while at the	ne center?