

Getting to Know Your Toddler

Child's Name (First, Last): _____

Date of Birth: _____

Regular Days of Care (*circle all that apply*): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Drop Off Time: _____ Pick Up Time: _____

Please provide as much information as possible for the following areas:

Personality: Describe your child's personality. What are his/her favourite activities?

Physical Information: Does your child have any health or physical conditions?

Eating Habits: Does your child have any food restrictions or allergies? Likes/dislikes?

Security Items: What items, if any, make your child feel secure? Does he/she have fears we need to be aware of?

Sleeping Habits: How does your child like to be put to sleep? Does she/he wear a pullup?

Toileting: Is your child in underwear, diapers, pull-ups or potty-training?

Discipline: What techniques/strategies do you use with your child at home?

Additional Info: Please feel free to provide us with any additional information that may be helpful to us.