

# 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.