

## Toddler Enrollment Intake Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

### Eating

Is your child on any special diet? \_\_\_\_ Vegetarian \_\_\_\_ ovo-lacto \_\_\_\_ vegan \_\_\_\_ other

Does your child have any food allergies? \_\_\_\_ If yes, please describe \_\_\_\_\_

Would you allow us to post a photo of your child to alert all staff to his/her allergy? Yes No

What does your child use to drink?

\_\_\_\_ bottle \_\_\_\_ sippy cup \_\_\_\_ regular cup \_\_\_\_ nursing \_\_\_\_ other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

Is your child comfortable with table food? Yes No

Are there any foods he/she has difficulty eating? \_\_\_\_\_

### Sleeping

Does your child nap? \_\_\_\_ How many times per day? \_\_\_\_ How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes No

Are there specific bedtime routines at home? \_\_\_\_\_

Where does your child sleep at home? \_\_\_\_\_

### Toileting

Does your child use diapers? Yes No

\_\_\_\_ Cloth \_\_\_\_ Disposable \_\_\_\_ Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

Does your child show any potty readiness signs?

Yes No

Potty Readiness Signs	YES	NO
Is the child over 18 months old?		
Is your child's diaper dry for at least 2 hours at a time?		
Does your child know and let you know when he/she is wet or has had a bowel movement?		
Does child communicate that his/her diaper is uncomfortable?		
Can your child undress enough to sit on the potty?		

### Development

Do you have any concerns about your child's development? Yes No

\_\_\_\_ Hearing \_\_\_\_ Vision \_\_\_\_ Language \_\_\_\_ Gross Motor \_\_\_\_ Fine Motor \_\_\_\_ Social \_\_\_\_ Other

What is your child's primary spoken language? \_\_\_\_\_

Are there other languages being used with your child? \_\_\_\_\_

How can we help support second language development? \_\_\_\_\_

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### **Social and Emotional development**

Has your child been in child care before?      Yes      No

Is your child comfortable in group situations?      Yes      No

What is your child's regular routine when at home? \_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns?

\_\_\_\_\_

\_\_\_\_\_

What kinds of activities does your child enjoy? Are there activities your child avoids?

\_\_\_\_\_

How would you describe your child's temperament and personality? \_\_\_\_\_

\_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

What soothes your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What frightens your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any favorite songs or games that comforts them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations or hopes for your child at our child care center?

\_\_\_\_\_

What are your expectations for the Children's Center and Center staff members?

\_\_\_\_\_

\_\_\_\_\_

Have there been any significant changes in your child's life that you would like to share with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_