

Pumpkin Patch Childcare & Learning Center

# Getting to Know Your Toddler

## Our Family

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Siblings and Other People Living in Our Home: \_\_\_\_\_

Language other than English spoken in our home (if any): \_\_\_\_\_

Has your child attended child care before? Yes No If yes, why did you leave? \_\_\_\_\_

Any other information you wish to share with us regarding your family: \_\_\_\_\_

## Health

1. Please list any allergies (food, detergents, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

2. Please list any health problems (physical, mental, or emotional): \_\_\_\_\_  
\_\_\_\_\_

3. Please list any serious accidents or surgeries: \_\_\_\_\_

4. Please list any medications your child is taking: \_\_\_\_\_

## Sleeping

Does your child have a special way of helping them fall asleep sleep? \_\_\_\_\_

Does your child use a special blanket, stuffed, animal, or doll to sleep? \_\_\_\_\_

Does your child use a pacifier to sleep? \_\_\_\_\_

What is your child's current sleeping schedule? \_\_\_\_\_

## Development

Is your child potty trained? \_\_\_\_\_ How often does your child have a bowel movement? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

Does your child have unusual fear? \_\_\_\_\_

Please list 3 words to describe your child: \_\_\_\_\_

Do you have any concerns about your child's development or behavior? \_\_\_\_\_