

*Always Bettering Children Day Care*  
*Getting to Know You*  
*Toddlers*



| <i>Name</i>                   | <i>Nickname</i> | <i>Age</i> | <i>Who</i> |
|-------------------------------|-----------------|------------|------------|
| <i>Who lives in the home?</i> |                 |            |            |
| <i>Siblings? (ages)</i>       |                 |            |            |

*General Information*

*Has your child been in a day care setting before? (family/group/center)*  
*When? For how long?*  
*How did your child adjust?*

*Interaction with other children/adults? (shy, aggressive, sharing)*

*Does he communicate his needs? How?*

*Any physical needs?*  
*Any emotional needs?*  
*Nervousness or fears?*  
*How can we calm your child?*

*Would you describe your child as independent?*

*What discipline methods work with your child?*

*Favorite activities, games, hobbies, toys?*

*Sleeping Habits*

*Naps? (when, how long)*  
*Naptime ritual? (toys, blanket, pacifier, rocking)*  
*Does your child nap in a diaper or pullup?*  
*Does your child have a fussy time of day?*

*Eating Habits*

*Can your child feed himself?*

*Any special feeding needs?*

*Sippy cup, cup w/o lid, bottle?*

*Picky eater, normal eater, usually hungry? Favorite Foods? Dislikes?*

*Toileting/Diapering Habits*

*Potty trained?*

*Will your child indicate potty needs?*

*Does he need reminders?*

*Special terminology for private parts, urination or bowel movements?*

*Does your child need help? (getting on potty, wiping, buttons, washing hands, pulling up pants)*

*Normal frequency?*

*Accidents? (how often, their reaction, your reaction?)*

*Rashes? (Creams, Vaseline) Every diaper change?*

*Teething Habits*

*Symptoms?*

*Relief? (Tylenol, teething ring)*

*Biter? (warning signs, how often, in what situation)*

*Is there any other information you feel may help in caring for your child?*

*Describe your child in one sentence.*

*Are there any custody issues we should discuss?*

*Is anyone denied permission to pickup or see the child? Who?*

*Drop Off person*

*Pick Up person*

*In attendance* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_