

TODDLER TOWN
Child Care Campus and Learning Center

**DEVELOPMENTAL HISTORY AND BACKGROUND
INFORMATION**

CHILD'S NAME: _____ DATE OF BIRTH: _____

(INFORMATION SPECIFIC TO INFANTS AND TODDLERS IS MARKED WITH AN ASTERISK *)

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

*Does child pull him/herself up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

*Any history of colic? _____

*Does child use a pacifier or suck thumb? _____ When? _____

*Does child have a fussy time? _____ When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies, i.e., asthma, hay fever, insect bites, medicine, food reactions: _____

Medications the child takes on a daily basis: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused by child: _____

*Is child fed while held in lap? _____ High chair _____

*Does child eat with a spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____

*Is there a frequent occurrence of diaper rash? _____

*Do you use: oil _____ powder _____ lotion _____ other _____

*Are bowel movements regular? _____ how many per day? _____

*Is there a problem with diarrhea? _____ constipation? _____

*Has toilet training been attempted? _____ *Please describe any particular procedures

to be used for your child at the center: _____

What is used at home? Potty chair _____ special child seat _____ regular seat _____

How does child indicate bathroom needs (include special words): _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____

Does child become tired during the day? (include when and how long): _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.): _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers? _____

Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from his/her experience at Toddler Town?

DAILY SCHEDULE

Please describe your child’s schedule on a typical day. *For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.:

Is there anything else we should know about your child? _____

Name of previous daycare provider/center: _____

Reason for leaving previous daycare provider/setting: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____