

Almost Home
35 Copps Hill Road
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Almosthomeecc.com
203 438-6118

Toddler Information Form

Child's Name: _____ Date: _____

Background:

Has your child been in child care before? _____

What type? _____ Length of time? _____

Hours per day? _____

Is your child comfortable with other adults? _____

Is your child comfortable with other children? _____

Are there any particular fears that you have noticed in your child? (Such as animals, strangers, noises, etc.)

What are the most effective methods for consoling your child? _____

Is there anything in particular that especially upsets your child? _____

Feeding:

Does your child drink from a cup, bottle, or both? _____

Does your child drink milk? _____ Juice? _____

Does your child eat table foods? _____

Can your child feed her/himself? _____

Does your child have any food allergies? _____

Please list any foods that you absolutely do not want your child to have at Almost Home. We provide two snacks daily and do many cooking projects. Snack menus are posted in classrooms.

Nap Time:

Please describe your child's nap routine: _____

Does your child have a special blanket or stuffed animal they like to sleep with? _____

For how long does your child generally nap? _____

What time of day does your child nap at home? _____

Does your child sleep with a pacifier? _____

Language:

What is the primary language that is spoken at home? _____

Please list any words your child uses that we might not understand:

Diapering:

Does your child have any adverse reactions to having their diaper changed? _____

Has your child shown any interest in potty training? _____ If so, please describe the methods you are using at home and the ways in which you would like us to approach the potty with your child:

Additional Information:

Please use the space below to add any additional information about your child that might be helpful to your child's teachers.
