



Ladybug Child Care Center

Getting to Know Your Toddler

Child's Full Name: _____
Child called: _____ Date: _____

Child Lives With:

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Sibling's names & ages: _____

Non-Custodial Parents:

Name: _____ Relationship to child: _____
Does the child see this person? ___ Will this person interact with your child at the Center? ___
Any restrictions/limitations (COPY OF LEGAL DOCUMENTS MUST BE FURNISHED): _____

Health

Birthdate: _____ Birth Weight: _____ Birth Length: _____ Premature: Yes No

Does your child seem well most of the time? Yes No

Is your child taking any medications regularly (such as Tylenol, laxatives, vitamins, etc.) Yes No

If yes: what, why & when? _____

How many ear infections has child had in the past year? _____

Has your child ever been seen by a medical specialist? Yes No

If yes, explain: _____

Has your child had any other illnesses/diseases? Yes No

If yes, explain: _____

Has your child had any serious accidents, hospitalizations, etc.? Yes No

If yes, explain: _____

Has your child had any of the following (please explain all that you marked):

_____ Birth injury or defect: _____

_____ Seizures: _____

_____ Breathing problems: _____

_____ Head injuries: _____

_____ Allergies (prior to start date, this allergy must be noted on Health Care Summary by physician, an ICP must accompany enrollment paperwork, and parents must supply Ladybug with all medications listed on ICP)

_____ Eczema, hives, drug/food intolerances, asthma/wheezing, insect stings:

_____ Other: _____

Developmental History:

Has child been away from you before: Yes No How frequently? _____

Has child been in a group before? Yes No If yes, explain: _____

How does child handle separation from parent? Without upset briefly/mildly upset

Is your child easily frightened? Yes No If yes, explain: _____

How do you comfort your child? _____

Emotional Behavior (please circle all that apply):

Happy Calm Active Whining Excitable Cheerful Stubborn Crying Cooperative
Quiet Independent Wants Own Way Temper Tantrums Easily Angered

What are child's favorite toys & activities? _____

Sleep Patterns:

Describe any special ways of helping your child go to sleep? _____

Does your baby cry when going to sleep? Yes No If yes, for how long? _____

What is your baby's present sleep pattern?

Night: from _____ to _____ from _____ to _____
AM Nap: from _____ to _____ from _____ to _____
PM Nap: from _____ to _____ from _____ to _____

Other information: _____

Food Patterns:

Self-feeding skills (check all that apply)

_____ just beginning _____ uses only fingers _____ uses spoon w/ difficulty
_____ uses spoon well _____ uses fork _____ uses bottle
_____ uses "sippy" cup _____ uses cup/glass

Does your child have any food intolerances or allergies? (Special diet instructions and allergy information must be provided to Ladybug using the *Health Care Summary* completed by your child's physician.) _____

Does your child refuse any foods? (Please list) _____

Other information: _____

Toileting Patterns:

Does your child indicate discomfort when wet or soiled? Yes No

Has your child shown interest in sitting on the toilet? Yes No

Are you currently working on toilet training with your child? Yes No If yes, for how long? _____

When awake, child wears: diapers training pants (not pull-ups) regular underpants

During sleep, child wears: diapers training pants (not pull-ups) regular underpants

How does your child indicate a need? _____ does not indicate _____ goes on own
_____ needs adult to take to toilet: how often? _____

_____ tells adult of need to use toilet: with what words? _____

Are you using any reinforcements/incentives/rewards for using the toilet? Yes No

If yes, explain: _____

Have you tried training before and discontinued? Yes No

If yes, explain: _____

Other information: _____

Describe any health, learning, or behavior issues which require special attention.

What would you like us to do for your child? _____

Suggestions to help us be more effective with your child? _____

Additional Comments: _____

Thank you for helping us get to know your child!