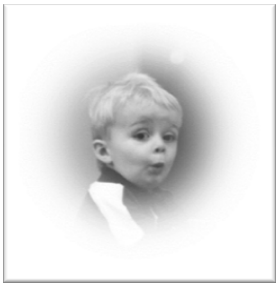

Ladybug Child Care Center
Getting to Know Your Toddler

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, 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 indicate 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 that 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!

Send To Ladybug