TODDLER TECH CHILD CARE FAMILY FORM

Child's Full Name	DOB	Nickname

By providing complete information about your child you will be assisting staff in creating a positive experience for your child.

Please circle the days your child will attend the center   **M   T   W   R   F**

Hours: Arrival	Departure

Please list all family member and ages (children) living in the home:

What is the primary language spoken?

Are there any special custody arrangements? (Such as shared parenting, living in two homes)   YES   NO
Additional Details?

Has your child recently experienced any changes transitions? (Moved from crib to bed, divorce, and new home, death of family member friend or pet.)

Are there any cultural or religious practices of your family that we should be aware?

Do you have pets at home? What are their names?

Has your child had previous group care experience?   YES   NO

Details: (center based, with family)

What are your child's favorite foods?

Does your child dislike any foods?

Please circle all of the words that best describe your child's personality and behavior:

Active	bossy	cheerful	easily angered	friendly	likes structured routines
Adventurous	busy	content	emotional	happy	loud
Affectionate	calm	creative	energetic	insecure	loving
Anxious	cautious	curious	excitable	jealous	mellow
Outgoing	quiet	sensitive	serious	social	shares well
stubborn	prefers adult attention				

Are their additional personality characteristics that would be useful to know about your child?

Are their situations or things that frighten your child?

How do you comfort him/her?

What causes your child to become angry or frustrated?
What methods do you use to respond to negative behavior?
Does your child have any special comfort items that help them go to sleep?
Is your child toilet trained?   YES   NO   If not have you begun the process?   YES   NO Please explain the process used: Does your child need assistance when using the potty?   YES   NO What words, gestures, and signs does your child use if he/she needs to use the bathroom?
What is their normal bed time: Wake Up in the Morning :
Does your child have trouble sleeping? (night terrors, trouble going or staying asleep) Please Explain:
What might you or your child be anxious about as he/she starts this program?
What are you and your child most excited about as he/she begins this program?
What are your expectations of this program?
Will your child know any other children at the center?
Toddler Tech posts videos/photos on our FACEBOOK PAGE and WEBSITE: May the center post pictures/videos of your child? (Names will not be provided)   YES   NO
Toddler Tech sends out emails and text alerts reminding parents of special days, closings. Please share your email address/ cell phone to receive updates: **Email** _____**Cell Phone**_____
Developmental Screening All infant, toddlers and preschool students will be assessed using the Ages and Stages Questionnaire (Developmental Screening Tool) within 60 days of enrollment.   Upon completion, you will be provided with a copy of the screening.   Please circle sign below to grant permission for the screenings to be administered:

Parent/Guardian Signature	Date