Toddler Tech Family Form

NAME :	DOB:	Nickname:

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

Please indicate the days your child will attend: M T W R F

HOURS
ARRIVIAL: DEPARTURE:

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

What is the primary language spoken?

Are there any special custody arrangements? YES NO

Additional Information:

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

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DO you have any pets at home? What are their names?

Has your child had previous group care experience? YES NO
Details: (Center-based? 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	calm	easily angered	insecure	quiet	prefers adult attention
adventurous	cautious	emotional	jealous	sensitive	
affectionate	cheerful	energetic	loud	serious	
anxious	content	excitable	loving	social	
bossy	creative	friendly	mellow	shares well	
busy	curious	happy	out-going	stubborn	

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, or signs does your child use if he/she needs to use the bathroom?

What is their normal bedtime? What time is "wake-up"?

Does your child have trouble sleeping? (Night terrors,, trouble going/staying asleep? Please explain:

What might you or your cihld be anxioius about as he/she begins this program?

What are you and your child most excited about as he/she begins 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 videos/pictures of your child? The family FB page is private.
YES, both sites Yes FB only NO, No videos/photos may be used.

Developmental Screenings
All infant, toddlers, and pre-school students will be assessed using the Ages and Stages Questionnaire. This is a developmental screening tool. This will be completed within 60 days of enrollment. Upon completion, you wil be provided a copy of the screening.

Please sign below to grant permission for the screenings to be administered

Parent/Guardian Signature:	Date: