

Early Learning Center
FAMILY INFORMATION FORM
TODDLER

Child's Name _____ Date of Birth _____

Does your child have a nickname? _____

Family Information:

Parent 1 name: _____ Parent 2 name: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

If divorced or separated, who has legal custody of your child? _____

What is the nature of visitation with the non-custodial parent? _____

Are there any other children at home? Yes _____ No _____

If yes, what are their names, ages, and relationship to your child?

Are there any other adults living in the home? Yes _____ No _____

If yes, what are their names and relationship to your child?

What is your primary language spoken at home?

Secondary, if applicable?

What family support do you have in the area?

What is a typical day like for you? (Work, classes etc.)

Child's Background Information

Do you have any health concerns for your child (food allergies, environmental allergies, etc.)?

Does your child have any special needs we should be aware of?

Has your child had any other exposure to child care?

What discipline and/or guidance techniques do you use at home with your child?

Is there any other information you would like us to know about your child?

What is your preferred terminology for:

Body Parts: (anatomical or other terms)

Bodily functions: (ex. poop, pee, potty, tinkle etc)

Family members: (ex. mom, dad mommy, daddy, grandma, grandpa, nana, papa etc)

Child's Routines/Schedules

How would you like to handle drop-off and pick-up procedures?

What times will you typically be dropping-off and/or picking up your child?

What are some of your child's favorite activities?

Does your child have a favorite blanket or stuffed animal he/she likes to cuddle with?

How does your child normally fall asleep?

What is your child's napping schedule?

What food does your child like/dislike? Do you have any specific mealtime routines with your child?

What are your child's typical diapering/bathroom routines?

Do you have any specific instructions for the staff pertaining to your child's daily routines?

Does your child have a difficult time changing from one activity to another? Yes ___ No ___

Does your child like to sit down and listen to a story? Yes _____ No _____

When your child is upset, what are some things that normally help him/her feel better?

General Information

What are some goals you would like your child to meet while at ELC?

Do you have skills that you would like to share with the class?

Would you like to volunteer in our classroom? Yes _____ No _____

If so, in what way?

The first few weeks in a new situation usually are the most difficult. Your child is adjusting to a new place and new people. The staff will be getting to know your child, his/her personality, abilities and limits. Any tips you can give us about your child that will make this transition easier are greatly appreciated!!