



New Enrollment Child and Family Information

Child's Name: _____ Prefers to be called: _____

Birth date: _____

Members of Household:

Relationship to your child:

Please describe any family pets: _____

What is the primary language spoken in your home? _____

Please list any other languages spoken at home: _____

How would you describe your child's temperament? _____

Does your family practice any cultural or religious customs or traditions that we should know about?

What are your child's favorite play activities? _____

What are things or activities your child does not like or fears? _____

How do you comfort your child when she/he is upset? _____

What style of discipline do you use at home? _____

OVER

Has your child previously attended group care? _____

If yes, how did he/she respond? _____

Does your child have any special health concerns? _____

Does your child wear diapers? _____ training pants? _____ underwear? _____

Do you use any special procedures for diapering or toileting (diaper creams, powder, words used for urination, bowel movements, special songs, etc.)? _____

Does your child sleep in a crib? _____ in a bed? _____

How do you help your child go to sleep (patting on the back, bottle, pacifier, special toy, etc.)? _____

How long does your child usually nap? _____

What types of food does your child like? _____

What types of food does your child dislike? _____

Please list any of your child's food allergies or restrictions: _____

What are your hopes and dreams for your child's toddler experience? _____

Is there anything else you would like us to know about your child or family? _____

Thank you!