



Toddler and Preschool Information Sheet

Family and Social History

Child's Name _____ Date of Birth _____

Parent (1) _____

Parent (2) _____

Marital Status of Parents:

Married _____ Divorced _____ Separated _____ Single Parent _____

Custody/Visiting Arrangements _____

Brothers and Sisters of Child:

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Other Members of Household:

Name _____ Age _____

Name _____ Age _____

Napping

Does your child take naps? _____ (From _____ TO _____)

Does your child have a special toy or blanket to sleep with? _____

Social Relationships

Do you feel your child will adjust easily to the Daycare? _____

What makes your child angry or upset? _____

How does your child show his or her feelings? _____

Is your child frightened by such things as: animals, rough children, loud noises, the dark, or storms? _____

Favorite toys and activities at home: _____

Does your child like to be read to? _____ Listen to music? _____

Eating

Is your child usually hungry at meal times? _____ Between meals? _____

What are some of your child's favorite foods? _____

Least Favorite? _____

Does your child eat with a spoon? _____ Hands? _____

Are there any dietary restrictions we should know about? _____

Toilet Habits

Does your child indicate his toilet wishes? _____

Does your child need help with toileting? _____

Does your child have accidents? _____

How does your child react ? _____