



TODDLER SUPPLEMENT

This information will be kept in your child's classroom file as a reference for teachers and staff.

Toddler's Full Name: _____ Date of Birth: _____

Nickname: _____ Language(s) spoken at home: _____

Has your toddler been previously enrolled in day care? yes no _____

Has anyone other than parents had an important part in the care of your toddler? yes no _____

Does your toddler have siblings or spend time with other children outside the immediate family? yes no _____

Are there any family situations that you would like CLC to be aware of? yes no _____

Are there any "family rules" you would like CLC to be aware of? yes no _____

Does your family celebrate holidays and birthdays or any cultural holidays or traditions? yes no _____

DEVELOPMENT / PERSONALITY

What are some words you would use to describe your toddler's personality (circle all that apply)?

- | | | | | | |
|------|-------|-----------|---------|-----------|----------------|
| Calm | Shy | Excitable | Happy | Sensitive | Cheerful |
| Loud | Quiet | Active | Curious | Stubborn | Easily Angered |

Others: _____

At what age did your toddler: Crawl? _____ Sit alone? _____ Walk alone? _____

Name simple objects? _____ Repeat simple sentences? _____

Is your toddler a good climber? yes no _____

Does your toddler fall easily? yes no _____

Does your toddler have any speech difficulties? yes no _____

Does your toddler show any indications of vision or hearing problems? yes no _____

What are your toddler's favorite toys, games, and activities? _____

What are your toddler's strengths? _____

What kinds of discipline work best with your toddler? _____

Does your toddler have any behaviors you are concerned about? yes no _____

Does your toddler have any fears that you would like CLC to know about? yes no _____

Does your toddler have a fussy time? yes no When? _____

How do you handle it? _____

Does your toddler use a pacifier? yes no _____

Does your toddler suck his/her thumb/finger(s)? yes no _____

DIAPERING

Are your toddler's bowel movements regular? yes no How many per day? _____

Is diarrhea a problem? yes no Is constipation a problem? yes no

Is your toddler's skin highly sensitive? yes no _____

If yes, how do you treat it? _____

Does your toddler have frequent diaper rash? yes no

If yes, how do you treat it? _____

SLEEPING

Does your toddler usually sleep alone in his/her bed? yes no _____

How many people sleep in your toddler's room? _____

Who usually puts your toddler to bed? _____

At what time does your toddler usually:

Go to bed? _____ Wake up? _____ Nap? _____ How long? _____

Does your toddler sleep with something special? yes no _____

Does your toddler have any problems sleeping? yes no _____

What is your toddler's disposition upon waking?

Happy Grouchy Clingy Slow to wake Other _____

MEALTIME / FEEDING

Does your toddler still drink from a bottle? yes no _____

Is your toddler still breastfeeding? yes no

Where does your toddler eat? at a table in a high chair other _____

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

What are some foods your toddler dislikes? _____

Does your toddler have any feeding issues or difficulties CLC should know about? _____

What are your expectations of this program and the teachers? _____

Please list any additional information or concerns you would like to share with CLC:

Parent/Guardian Name

Signature

Date

Visit Date: _____

Parent/Guardian Initials: _____

Head Teacher Initials: _____

Toddler Classroom Drop-off Procedure

1. **DO NOT** step over the gate. This will ensure your safety, your child's safety, and the safety of the children and staff in the Infant classroom.
2. Upon entering the classroom, you must **wash your child's hands** using the sink by the changing table. This is a DCFS licensing requirement.
3. Please make sure your child arrives ready for the day in a **clean diaper**. If you find that your child needs a diaper change upon arrival, **please change your child's diaper**. You may use the supplies CLC provides.
4. Before leaving the classroom, you must **sign in** your child using your full name and time of arrival.

Thank you for your cooperation!