

Family Profile

Toddler

Child's Name _____ Nickname _____ Birthdate _____

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____	Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____

Other children in the family (names and ages) _____

When did your family first enroll at this or any other Gretchen's House? _____

Do you have family or friends in the area to offer support? _____

Previous child care setting:

- | | |
|--|--|
| <input type="checkbox"/> home with parents | <input type="checkbox"/> at this Gretchen's House |
| <input type="checkbox"/> with other relatives | <input type="checkbox"/> at another Gretchen's House |
| <input type="checkbox"/> at another child care center/home | <input type="checkbox"/> other _____ |

On daily notes about your child, what are you most interested in being told about?

- | | |
|--|--|
| <input type="checkbox"/> eating | <input type="checkbox"/> social interactions |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> daily activities |
| <input type="checkbox"/> diapering/toilet learning | <input type="checkbox"/> other _____ |

Do you have family traditions, cultural learning experiences, or special interest or talents you would be willing to share with your child's class? Or can you join us on field trips? _____

Anything else you want us to know? _____



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Food

How does your toddler tell you s/he's hungry?

Is there anything we should know about your child's eating or drinking habits?

- Still using a Sippy-cup
- Favorite foods (list):

Foods strongly disliked (list):

My child has an intolerance to:
Symptoms include:

My child has allergies to the following:

My child has an epi-pen and action plan from the doctor.

My child is a vegetarian

My child cannot eat _____
due to religious reasons.

Sleep

How does your toddler show you s/he's tired?

Does s/he have any comfort objects (e.g. special blankets, pacifiers)?

How long is a typical daytime nap and how many does s/he take in an average day?

How long does your toddler sleep at night? What are typical bed and wake-up times?

Play

What activities does your toddler enjoy?

What kinds of toys does s/he like?