

CHILDREN'S INFORMATION- 18 – 36 months

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes, No

Where was your child enrolled? \_\_\_\_\_

Are any medications given regularly? Yes, No

Who will take care of the child during illness? \_\_\_\_\_

What forms of discipline are most often used in the child's home? \_\_\_\_\_

How does your child behave when sick? \_\_\_\_\_

How is your child most easily settled when upset or afraid? \_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

Eating Behavior:

What is your child's favorite food? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Drinks from Cup, Cup w/lid, Bottle, Breast fed

Eats with Spoon, Hands

Eats table foods (please specify if limited) \_\_\_\_\_

Any food allergies or special needs? \_\_\_\_\_

Sleeping Behavior:

Does he/she sleep through the night? Yes, No

Does your child take an afternoon nap? Yes, No How long? \_\_\_\_\_

Special toy or blanket for napttime? Yes, No What? \_\_\_\_\_

Rest times: \_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_

Where does he/she sleep at home? Crib, Bed

### Toilet Habits:

Is your child potty trained? Yes, No

If toilet training, does child indicate bathroom needs? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? Yes, No

Does your child have any "accidents"? Yes, No

What words does your child use for: Urination: \_\_\_\_\_ BM's: \_\_\_\_\_

Does your child wear Disposable Diapers, Pull-ups, Other: \_\_\_\_\_

Do you use Desitin, Powder, Special Wipes, Other \_\_\_\_\_

Is diaper rash a problem? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_

Does child wear diapers while napping? Yes, No

Does your child Stand, Sit on toilet? How often? \_\_\_\_\_

Does your child need help with toileting? \_\_\_\_\_

Is diarrhea or constipation a problem? \_\_\_\_\_

### Miscellaneous:

Does child have an "unsettled" time? \_\_\_\_\_ When? \_\_\_\_\_

What do you do? \_\_\_\_\_

How does child relate to strangers? \_\_\_\_\_

What if anything do you do for teething? \_\_\_\_\_

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of registration deposit, termination of childcare services, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Your Daycare name goes here)	Date