



# First United Methodist Church Preschool & Childcare Center Toddler Information Sheet

1. Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Expected Drop-of time \_\_\_\_\_ Expected Pick Up \_\_\_\_\_

2. Names of ages of other children in family \_\_\_\_\_  
\_\_\_\_\_

Names of relationship of those living in the home other parents \_\_\_\_\_  
\_\_\_\_\_

3. Church Home \_\_\_\_\_ Pastor's Name \_\_\_\_\_

4. Does your child have opportunities to play with other children? \_\_\_\_\_

5. Does your family have pets? Yes \_\_\_\_\_ If yes please identify \_\_\_\_\_  
\_\_\_\_\_

## FOOD

6. Describe your child's appetite: \_\_\_\_\_

Does your child have any food sensitivities? Yes \_\_\_\_\_ If Yes please identify \_\_\_\_\_  
\_\_\_\_\_

7. What foods does your child like or dislike? \_\_\_\_\_

8. Does your child feed him/herself? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. What time does your child eat? Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snacks \_\_\_\_\_

## SELF-CARE

10. Is your child in diapers? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

11. Has training begun? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

12. Is your child potty-trained? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

13. Does your child need help? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

14. Does your child need help dressing? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

## SLEEP

15. Describe your child's sleep routine (include naps & lengths of naps) \_\_\_\_\_  
\_\_\_\_\_

## SOCIAL/EMOTIONAL DEVELOPMENTAL

16. Does your child separate easily from you? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

17. Is your child afraid of anything? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment \_\_\_\_\_

18. Does your child have a favorite toy or blanket? \_\_\_\_\_ Yes \_\_\_\_\_ No Please Identify \_\_\_\_\_

19. Does your child spend time with other children? \_\_\_\_\_ Yes \_\_\_\_\_ No Comment (who, when, how much?) \_\_\_\_\_

20. What activities does your child enjoy? \_\_\_\_\_

21. What activity does your child dislike? \_\_\_\_\_

22. What characteristics in your child's development would you like encouraged?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is your responsibility to supply pull-ups, wipes, ointments, two changes of clothing, bibs, two no spill sippy cups, and any other necessary items that your child may need while in our care. Please LABEL all items with your child's name. You may leave 1 full package of pull-ups, 1 box of baby wipes, and two changes of clothing in their bin, making sure you check for any new item needed one we will let you know when the supply is low.**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**