



All About Me Infants and Toddlers

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME : _____ **DATE OF BIRTH** _____

PHYSICAL DEVELOPMENT

Does your child:

___ sit with support ___ sit unassisted ___ crawl forward/backward
___ stand ___ walk with assistance ___ walk unassisted
___ run ___ go up steps ___ go down steps

SLEEPING HABITS

My child usually naps ___ times/day from: _ am_ to _ pm_
from: ___ to ___
from: ___ to ___

My child sleeps at night from ___ p.m. to ___ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? →Yes →No*, please explain

EATING HABITS

___ breast-fed (how long?) _
___ bottle-fed (how long?) _____
___ weaned (date) _____

Type of formula now in use: _____

___ eats table food ___ drinks from a bottle ___ holds own bottle
___ drinks from a cup ___ uses a pacifier ___ can feed self

TOILETING

Child wears: diapers ___ all day ___ sleeping only
 Underpants ___ all day

Training process: bowel control (date) _____ bladder control (date) _____

Does your child ask to go to the bathroom?

What phrases/words do you use for urinating?

What phrases/words do you use for bowel movements?

If toilet training is in process, please describe routines/methods you use:



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PLAY & SOCIAL INTERACTION

Has your child ever attended or been enrolled in:

- a child care center at what age? ____
- a family day care home at what age? ____
- a babysitter's home at what age? ____
- your home with a babysitter at what age? ____
- a parent/child play group at what age? ____
- other settings:
- This will be the first experience in a child care center.

How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How often does your child need to be held during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: strangers new situations animals

List any other fears:

Your child's favorite toys, character and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

SPECIAL MEDICAL CONSIDERATIONS

Please list any:

Does your child have any distinguishing birthmarks?

Do you have any concerns about your child (anxiety, fears, development, allergies)?



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FAMILY BACKGROUND

Who lives in your child's home and what are their names, birthday (Month/Day)? Grandparents?

Do you have any pet at home? If yes, what is its name?

What language is primarily spoken at home?

Primary: _____ Secondary: _____

Tell us about your cultural background?

How do you and your family spend time together?

What family tradition do you practice at home; special holidays that you celebrate?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at Stream Montessori School?

Do you have any special concerns or questions to which you would like to draw our attention?

Parent/Guardian

Signature

Date

Parent/Guardian

Signature

Date