



## Toddler Registration Form

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

### **Help us to better know your child and your needs:**

Please describe your child's personality: \_\_\_\_\_

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What are your child's favorite activities, books, toys, t.v. shows, etc.?

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Please describe a typical day for your child: \_\_\_\_\_

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When does your child usually eat: breakfast \_\_\_\_\_, lunch \_\_\_\_\_, and dinner \_\_\_\_\_

What food does your child like and dislike? \_\_\_\_\_

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Please list any known allergies/food restrictions: \_\_\_\_\_

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Does your child drink from a cup? \_\_\_\_\_ Does your child feed him/herself? \_\_\_\_\_

Do you use any special words for foods? \_\_\_\_\_

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Does your child use a pacifier at home? \_\_\_\_\_ When? \_\_\_\_\_

What word do you use to say pacifier? \_\_\_\_\_

Does your child have any attachments to items (ex. a blanket or small stuffed animal) that s/he needs to fall asleep? \_\_\_\_\_

Do you use any special words to identify these items? \_\_\_\_\_

How long does your child nap? \_\_\_\_\_ When? \_\_\_\_\_

What routines do you use at nap/bedtime? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Living in child's home? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Living in child's home? \_\_\_\_\_

Others living in child's home:

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Persons special to your child:

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Pets:

Name \_\_\_\_\_ Describe: \_\_\_\_\_

Name \_\_\_\_\_ Describe: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

How does your child react to illness? \_\_\_\_\_

Does your child experience any chronic illnesses? \_\_\_\_\_

What size diaper does your child wear? \_\_\_\_\_ Is your child prone to rashes? \_\_\_\_\_

Do you use ointments or powders? \_\_\_\_\_ If yes, what do you use? \_\_\_\_\_

What words do you use for: urination? \_\_\_\_\_ /bowel movement? \_\_\_\_\_

Has your child expressed any interest in the using the toilet? \_\_\_\_\_

If yes, please describe your routine: \_\_\_\_\_

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What discipline techniques have you found to be successful? \_\_\_\_\_

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Do you have any concerns regarding your child's emotional or physical development?

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Are there any changes in your child's life of which we should be aware? \_\_\_\_\_

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How does your child react to separating from you? \_\_\_\_\_

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How can we support you at drop off? \_\_\_\_\_

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Please describe any previous childcare situations. \_\_\_\_\_

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Is there anything else we should know to better meet your needs? \_\_\_\_\_

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What do you expect from Cornerstone Children's Center? \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date