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## **Toddler Intake Form**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Parents Name: \_\_\_\_\_

### **Family History**

Who lives in the child's home? (Include names and ages of siblings)

\_\_\_\_\_

Who is the child's primary caretaker? \_\_\_\_\_

Other family members involved: \_\_\_\_\_

Sibling's reaction to child's birth: \_\_\_\_\_

Any recent changes on your family's situation: \_\_\_\_\_

\_\_\_\_\_

Age at which child first left with caretaker: \_\_\_\_\_

Language(s) other than English regularly spoken at home: \_\_\_\_\_

### **Developmental History**

Pregnancy/birth - normal /full term? \_\_\_\_\_

Describe any specific difficulties \_\_\_\_\_

Age at which your child accomplished the following:

Sitting up without support: \_\_\_\_\_

Crawling/Walking: \_\_\_\_\_

First words: \_\_\_\_\_

First phrases/Sentences: \_\_\_\_\_

## **Social Relationships**

What does your child enjoy doing?

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Describe your child temperament:

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Is your child frightened of anything we should know about?

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Has your child had experience playing along with other children? If so in what setting?

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What is your child's nature when amongst other children?

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What is your child's nature when alone?

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Describe previous experience in child care?

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What has your child's reaction been to your leaving?

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Has any particular time been easier or more difficult to separate? If yes please describe:

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What is your child's usual response upon your return?

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Are there any separation "rituals" we can help with?

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How does your child show his/her feelings?

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How do you comfort your child?

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How do you handle discipline at your home?

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## **Feeding**

What are your child's present eating habits?

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Does your child have any feeding/eating difficulties?

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Does your child have any food allergies? (If so please list all and their reactions)

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Are you currently breastfeeding? \_\_\_\_\_

## **Sleeping**

Do you have any specific routine or way to help your child go to sleep?

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Does your child have a favorite/familiar lullaby?

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Does your child have a blankie, stuffed animal, pacifier, etc... they like to sleep with?

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What is your child's current sleep schedule?

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## **Toileting**

How frequently does your child have bowel movements?

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Is your child prone to rashes, if so what is your course of treatment?

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What word does your child use for urination?

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What word does your child use for bowel movement?

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Is your child toilet trained, if so at what age?

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Does your child use a potty chair?

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Can your child be relied upon to indicate bathroom needs?

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Can child manage clothing?

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Does child have toilet accidents?

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## **Health**

Is your child currently taking any medications?

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Does your child have any known allergies, if so what is his/her reaction?

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Do you have any concerns regarding your child's vision or hearing?

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Has your child ever been seen by a medical specialist, if so why?

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Has your child had any serious accidents?

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Does your child have any developmental delays we should know about?

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Do you have any particular concerns regarding your child's health and development?

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**Is there any other information our staff should be aware of to better care for your child?**

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**Parent Name (please print)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

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