



toddler intake update form

Name _____ Date _____

Address _____ Telephone _____

Parent _____ Birth Date _____

Heath: (check all that apply)

Allergies _____ Colds _____ Convulsions _____

Ear Infections _____ Other (describe) _____

Eating:

Food child likes

Dislikes

Sleep Habits:

Falls asleep easily _____ Sleep aids _____

Current Sleep Schedule:

Night time: from _____ to _____ Nap: from _____ to _____

Child likes to be:

Held Rocked Sung to Stories Other _____

Diapering:

Lotion or cream _____ Type of disposable diapers _____

Toileting:

Is your child toilet trained _____ Does he/she use a potty chair _____

What word does your child use for urination _____

What word does your child use for a bowel movement _____

Crib Waiver (for 1 year olds only):

I give my permission for my child to sleep on a cot, instead of a crib. I understand that the cots are only two inches off the floor.

Parent Signature

Date