



For Office Use Only	
Date of Enrollment:	_____
Official Start Date:	_____
Classroom:	_____

Toddler & Up Resume – Please print legibly.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Primary Language: _____

Please list family members living in your home.

Name	Relationship	Age

Food Information

- Describe your child's appetite: Happy eater Picky eater Willing to try new foods

Comments: _____

- Is your child able to feed themselves? Yes No

Describe: _____

- Does your child drink from a: Sippy Cup Regular Cup?

Comments: _____

Toilet Training

My child wears diapers pull-ups n/a

My child has begun potty training: Yes No n/a

Comments: _____

Does your child need help while using the bathroom? Yes No

If yes, please explain: _____

Sleeping Schedule

Please identify your child's *typical* sleeping schedule: from _____ p.m to _____ a.m.

Does your child **wake** in the middle of the night? Yes No

If yes, how often during the night does your child awaken? Once Twice 3X 4X or more

If yes, what is your routine for getting your child back to sleep? _____



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Sleeping Schedule continued

Does your child have a favorite toy, blanket, soother? _____

Describe your child's typical nightly routine: _____

Please list the time(s) your child takes a nap: _____

How long does your child typically nap? _____

Describe your child's typical nap routine: _____

Additional Information About Your Child

How does your child express anger or react to frustration?

How does your child comfort themselves?

What are your child's play interests? _____

How does your child react to change (such as parent separation or changing child care rooms)? _____

Does your child have any individualized needs?

How would you describe your child's personality?

What would you like most for your child to experience with us?



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Do **YOU** have any special **interests** or **hobbies** that you would like to **share** with the children at Early Einsteins?

Yes No Describe: _____

