



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 [] Underwear

My child has begun potty training: [] Yes [] No [] Kind of

Comment: _____

Does your child need help while using the bathroom: [] Yes [] No

If yes, please explain: _____

Sleeping Schedule

Please identify your child's typical sleep schedule: From _____ PM to _____ AM.

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



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Sleeping Schedule Continued:

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

Does your child use a pacifier at night? [] Yes [] No [] Other _____

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: _____

Does your child use a pacifier at nap time? [] Yes [] No

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 transitions from one activity to another)?

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? _____

Do **YOU** have any special interests or hobbies that you would be willing to share with the children at Discovery Place? [] Yes [] No
Describe: _____

