

**Countryside Montessori
INFORMATION FORM - TODDLER CLASS**

Child's Name _____ Date of Birth _____

Days of Enrollment _____ Hours of Enrollment _____

Parent's Names _____

Enrollment Date _____ Withdrawal Date _____

LUNCH TIME

Is your child on formula? _____

Does child drink from a cup? _____ Does child need a bottle? _____

Does your child eat with a spoon? _____ Does your child eat finger foods? _____

Food Likes: _____ Dislikes: _____

Allergies or other health related concerns? _____

CHANGING

Does your child resist diaper changing time? _____

Do you use A&D, Desitin, or Vaseline? _____

NAPPING

Morning Nap: Time _____ Afternoon Nap: Time _____

Does your child use a pacifier? _____ If yes, when? _____

Does your child need a special blanket, stuffed animal, etc. to sleep? _____ What? _____

Method of putting child to sleep: _____

SPECIAL NEEDS

What does your child enjoy doing? _____

Does your child have any fears? _____

Describe your child to help us better understand how to provide care _____