

# Toddler Child/Parent Orientation



Child's Name \_\_\_\_\_

Age of Child \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address and Telephone Number \_\_\_\_\_

Start Date \_\_\_\_\_

In order for the staff here at Discovery Junction to provide quality care to you and your child, we would like to ask you a few questions regarding his/her developmental history and family background.

## Family Background

\* Are there any others living in the house? \_\_\_\_\_

\* Are there any family members that are serving in a branch of military? \_\_\_\_\_

\_\_\_\_\_  
\* What is your family's cultural background? \_\_\_\_\_

\* Would you be interested in sharing information about your culture throughout the year during special times recognized by your culture? \_\_\_\_\_

\* What is your family's ethnic background? \_\_\_\_\_

\* Would you be interested in sharing ethnic information about your family throughout the year during special times recognized by your ethnicity? \_\_\_\_\_

\* What are some hobbies that mom/dad are interested in? \_\_\_\_\_

\* If there were times where we need some assistance around the center would you be willing to help out? \_\_\_\_\_

## Child's Health:

\* Does your child suffer from allergies? \_\_\_ yes \_\_\_ no

If yes, please explain what allergies: \_\_\_\_\_

\* Does your child take medication for his/her allergies? \_\_\_ yes \_\_\_ no

\* Is there anything we should know about your child's physical or mental health?

If yes, please elaborate: \_\_\_\_\_

\* Has your child ever been hospitalized outside the normal? \_\_\_ yes \_\_\_ no

If yes, explain: \_\_\_\_\_

\* Has your child started to demonstrate large muscle use and movement? \_\_\_\_\_

If so what are they doing? \_\_\_\_\_

\* Has your child started to demonstrate fine motor use and movement? \_\_\_\_\_

If so what are they doing? \_\_\_\_\_

\* Has your child experienced any traumatic experiences? \_\_\_\_\_

## **Does your child have problems with or had any of the following: (circle all that apply)**

Constipation      Diarrhea      Fainting Spells      Frequent Colds      Lice

Skin Rash      Ring Worm      Tuberculosis      Stomach Upsets

Sore Throats      Ear Infections      Whooping Cough      Polio

Asthma      Bronchitis      Diabetes      Chicken Pox

Measles      Mumps      Hepatitis      Impetigo

## **Sleeping Habits**

- \* Does your child prefer to sleep on his/her back or stomach? \_\_\_\_\_
- \* Does your child have a favorite toy to sleep with? \_\_\_\_\_
- \* What kind of atmosphere does your child normally sleep in? \_\_\_\_\_
- \* How often is your child sleeping right now? \_\_\_\_\_
- \* Does your child use a pacifier at nap time? \_\_\_\_\_
- \* Does your child wear a diaper or pull- up at nap time? \_\_\_\_\_

## **Social Development**

- \* Is your child using words? \_\_\_\_\_ Does your child speak in sentences? \_\_\_\_\_
- \* Has your child had previous exposure to other children? \_\_\_yes \_\_\_no
- \* Does your child experience separation anxiety? \_\_\_yes \_\_\_no  
 If yes, what is best in assisting? \_\_\_\_\_
- \* Does your child have trouble adjusting to change? \_\_\_yes \_\_\_no  
 If yes, how do you assist? \_\_\_\_\_
- \* When your child is upset, how do you comfort them? \_\_\_\_\_
- \* How does your child express anger/frustration? \_\_\_\_\_
- \* Is there anything you are concerned about with your child's social development?  
 \_\_\_\_\_
- \* Is there another language spoken in your house that may be a language barrier between your child and another? \_\_\_\_\_ What language? \_\_\_\_\_

## **Foods**

- \* Likes \_\_\_\_\_ Dislikes \_\_\_\_\_
- \* What do you do when your child refuses to eat?  
 \_\_\_\_\_
- \* How often does your child eat? \_\_\_\_\_
- \* When being fed, how does our child prefer to be held? \_\_\_\_\_
- \* Has your child began holding his/her own bottle? \_\_\_\_\_

## **Miscellaneous Information**

---



---



---



---



---



---

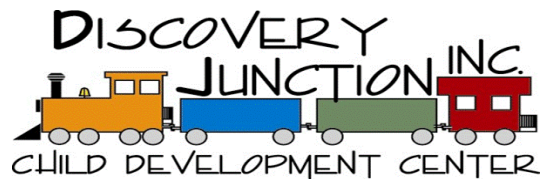


---



---

**Preschool & School-Age Child/Parent  
Orientation**



Child's Name \_\_\_\_\_  
Age of Child \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Start Date \_\_\_\_\_  
Parent's Address and Telephone Number \_\_\_\_\_

In order for the staff here at Discovery Junction to provide quality care to you and your child, we would like to ask you a few questions regarding his/her developmental history and family background.

**Family Background**

- \* Are there any others living in the house? \_\_\_\_\_
- \* Are there any family members that are serving in a branch of military?  
\_\_\_\_\_
- \* What is your families cultural background? \_\_\_\_\_
- \* Would you be interested in sharing information about your cultural throughout the year during special times recognized by your culture? \_\_\_\_\_
- \* What is your families ethnical background \_\_\_\_\_
- \* Would you be interested in sharing ethnical information about your family throughout the year during special times recognized by your ethnicity? \_\_\_\_\_
- \* What are some hobbies that mom/dad are interested in? \_\_\_\_\_
- \* If there were times where we need some assistance around the center would you be willing to help out? \_\_\_\_\_

**Child's Health:**

- \* Does your child suffer from allergies? \_\_\_ yes \_\_\_no  
If yes, please explain what allergies: \_\_\_\_\_
- \* Does your child take medication for his/her allergies? \_\_\_ yes \_\_\_no
- \* Is there anything we should know about your child's physical or mental health?  
If yes, please elaborate: \_\_\_\_\_
- \* Has your child ever been hospitalized outside the normal? \_\_\_yes \_\_\_ no  
If yes, explain: \_\_\_\_\_
- \* Has your child started to demonstrate large muscle use and movement? \_\_\_\_\_  
If so what are they doing? \_\_\_\_\_
- \* Has your child started to demonstrate fine motor use and movement? \_\_\_\_\_  
If so what are they doing? \_\_\_\_\_
- \* Has your child experience any traumatic experiences? \_\_\_\_\_

**Does your child have problems with or had any of the following: (circle all that apply)**

- |              |                |                 |                |      |
|--------------|----------------|-----------------|----------------|------|
| Constipation | Diarrhea       | Fainting Spells | Frequent Colds | Lice |
| Skin Rash    | Ring Worm      | Tuberculosis    | Stomach Upsets |      |
| Sore Throats | Ear Infections | Whooping Cough  | Polio          |      |
| Asthma       | Bronchitis     | Diabetes        | Chicken Pox    |      |
| Measles      | Mumps          | Hepatitis       | Impetigo       |      |

## **Sleeping Habits**

- \* Does your child prefer to sleep on his/her back or stomach? \_\_\_\_\_
- \* Does your child have a favorite toy to sleep with? \_\_\_\_\_
- \* What kind of atmosphere does your child normally sleep in? \_\_\_\_\_
- \* How often is your child sleeping right now? \_\_\_\_\_
- \* Does your child use a pacifier at nap time? \_\_\_\_\_
- \* Does your child wear a diaper or pull- up at nap time? \_\_\_\_\_

## **Social Development**

- \* Has your child had previous exposure to other children? \_\_\_yes \_\_\_no
- \* Does your child experience separation anxiety? \_\_\_yes \_\_\_no  
If yes, what is best in assisting? \_\_\_\_\_  
\_\_\_\_\_
- \* Does your child have trouble adjusting to change? \_\_\_yes \_\_\_no  
If yes, how do you assist? \_\_\_\_\_  
\_\_\_\_\_
- \* When your child is upset, how do you comfort them? \_\_\_\_\_  
\_\_\_\_\_
- \* How does your child express anger/frustration? \_\_\_\_\_
- \* Is there anything you are concerned about with your child's social development?  
\_\_\_\_\_  
\_\_\_\_\_
- \* Is there another language spoken in your house that may be a language barrier between your child and another? \_\_\_\_\_ What language? \_\_\_\_\_

## **Foods**

- \* Likes \_\_\_\_\_ Dislikes \_\_\_\_\_
- \* How often does your child eat? \_\_\_\_\_
- \* What would you like us to do if your child refuses to eat? \_\_\_\_\_

## **Miscellaneous Information**

---

---

---

---

---

---

---

---

---

---