

Pathways to Play Early Learning Center
1815 Bromley Avenue
South Saint Paul, MN 55075

Toddler Intake Form

Child's Name: _____

Date of Birth: _____

Parent(s) Name(s): _____

Does your child have any nicknames he/she likes or is used to? _____

Has your child been in any group care situations before?

What is the primary language spoken in your home? _____

Does your child use a pacifier or bottle? _____

Does your child have a difficult time separating from you? How does he/she handle separation? _____

Does your child have any siblings or close friend relationships? _____

Does your child have any particular eating habits/patterns? _____

Does your child have any particular fears? _____

How does your child like to be comforted when upset? _____

What toy(s) does your child most like to play with? _____

Have you begun to toilet train your child? _____

Does your child have any particular sleeping habits/patterns? _____

****please fill out reverse side as well****

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www.pathwaystoplay.org

Does your child have any particular toileting patterns or issues you want us to know about? _____

Do you have any concerns about your child's development? _____

What disciplinary strategies do you use at home? _____

Is there anyone who is restricted from picking up, visiting, or inquiring about your child? _____

What are your expectations for your child's experience at Pathways to Play? _____

Do you have any special interests or talents that you might wish to share with the children at the center? _____

Thank you for taking the time to tell us about your family! We look forward to getting to know you and your child! :)

~ Pathways to Play Staff

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