



Toddler Questionnaire

1. Child's full name: _____ Child's Birthday _____
2. Does your child go by any other names? _____
3. Any Allergies? _____
4. What kind of foods does your child like to eat?
5. Does your child use a binkie? _____ When can have it? _____
6. How many naps does your child take each day? _____
7. Do you have any specific routine for getting them to sleep? _____

8. Does your child have any habits, likes or dislikes we should know about? _____

9. Is their something you are working on with your child that we can help you with? _____

10. Do you have any special techniques for calming down your child when they are upset?

11. Would you be interested in exchanging work in a specific area of expertise for childcare credit (e.g., plumbing, carpentry, landscaping, etc.)? If so, please specify.