

**BRIGHT HORIZONS  
TODDLER/TWOS DEVELOPMENTAL HISTORY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Child's Last Physical (required in WA state only): \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Does child have a fussy time? ☐ yes ☐ no If yes, when and how do you handle these fussy times? \_\_\_\_\_

\_\_\_\_\_

How does your child communicate his/her needs? \_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

With whom does child reside (Include siblings, extended family, pets)? \_\_\_\_\_

\_\_\_\_\_

What does child call family members? \_\_\_\_\_

\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Are books read in languages other than English? \_\_\_\_\_

Are there words in your home language that we should know? \_\_\_\_\_

\_\_\_\_\_

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: \_\_\_\_\_

\_\_\_\_\_

**HEALTH/ DEVELOPMENT**

Describe any serious illnesses or hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Describe any special physical conditions, disabilities, or allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child presently diagnosed with a special need or ever been diagnosed? ☐ yes ☐ no

If yes, is he/she receiving any special services? ☐ yes ☐ no If yes, please describe services and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any regular medications? ☐ yes ☐ no If yes, please list medications and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EATING HABITS**

List special dietary requests and restrictions: \_\_\_\_\_  
\_\_\_\_\_

Any food allergies? \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Child eats: ☐ on lap ☐ in high chair ☐ at the table ☐ other

Child eats with: ☐ spoon ☐ fork ☐ hands ☐ other

### **TOILETING/DIAPERING HABITS**

Does your child have frequent diaper rash? ☐ yes ☐ no

Do you use: ☐ oil ☐ powder ☐ lotion ☐ other

Does child wear: ☐ disposable diapers ☐ cloth diapers

Are bowel movements: ☐ regular how often: \_\_\_\_\_

Is there a problem with: ☐ diarrhea ☐ constipation Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained: ☐ yes ☐ no For: ☐ urination ☐ bowels or ☐ both If yes, when did you begin? \_\_\_\_\_

What is used at home: ☐ potty-chair ☐ special seat ☐ regular seat

Word used for urination: \_\_\_\_\_ bowel movement: \_\_\_\_\_

Does your child have accidents? ☐ yes ☐ no If yes, how often/when? \_\_\_\_\_  
\_\_\_\_\_

**SLEEPING HABITS**

Does child sleep in: ☐ crib ☐ bed ☐ with parents

Does child sleep on: ☐ back ☐ side ☐ stomach

Times child take naps? Times: a.m. \_\_\_\_\_/\_\_\_\_\_ p.m. \_\_\_\_\_/\_\_\_\_\_

What does child take to bed? \_\_\_\_\_ mood on awakening \_\_\_\_\_

What time does child go to bed at night: \_\_\_\_\_ awake in morning: \_\_\_\_\_

Are there any sleep/wake time rituals? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL RELATIONSHIPS**

Has your child had any experience playing with children? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child: ☐ friendly ☐ aggressive ☐ shy ☐ withdrawn

What is your child's reaction to strangers? \_\_\_\_\_

\_\_\_\_\_

Have you had any previous child care experience? ☐ yes ☐ no If yes, did it meet your needs and expectations? Explain: \_\_\_\_\_

\_\_\_\_\_

Child prefers to play: ☐ alone ☐ in small groups

What are your child's favorite toys and activities? \_\_\_\_\_

\_\_\_\_\_

Is child frightened by: ☐ animals ☐ rough children ☐ loud noises ☐ dark ☐ other

Explain: \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

\_\_\_\_\_

What is your style of guiding your child's behavior? \_\_\_\_\_

\_\_\_\_\_

**DAILY SCHEDULE**

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, awake time, napping, toilet habits, fussy time, bedtime):

**MORNING****AFTERNOON**

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**PARENTING PHILOSOPHY**

Do you have ideas about parenting that would help us to better care for your child as an individual? \_\_\_\_\_

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What do you, as a family, hope to get out of this child care experience? \_\_\_\_\_

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\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)