



ADVENTURE MONTESSORI  
LEARNING, INC.

**TODDLER INTAKE FORM**

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

Name child goes by: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Sibling(s) Name(s) and Age(s):  
\_\_\_\_\_  
\_\_\_\_\_

Other people living in the household:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? If so, what are their names?  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

Secondary language? \_\_\_\_\_

Do you have any concerns about your child's language development?  
\_\_\_\_\_  
\_\_\_\_\_

Do you and your child know baby sign language? Yes No

If so, what signs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EATING / SLEEPING ROUTINES

Does your child drink from a sippy or regular cup? (Please circle)

What stage is your child at in eating development? Nursing/Bottle Spoon fed Self feeds

Does your child eat with you at the table? Yes No

Does your child eat: baby food table food

Please describe your child's daily eating routine:

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Favorite foods:

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Is your child on a specific diet; e.g. vegetarian, dairy free, or other?

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How many hours does your child sleep at naptime? \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

At what time does your child go to bed at night time? \_\_\_\_\_

Does your child sleep through the night? Yes No

Does your child sleep with: Pacifier Blanket Toy Bottle?

Describe your child's sleep time routine:

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Does your child sleep in a crib, a bed, family bed? Please describe:

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**CHILD CARE HISTORY**

Does your child have prior experience with caregivers and/or babysitters?

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Please explain: (caregiver and setting, frequency, length of time, etc.)

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Was this care a positive experience for you and your child? Yes No

Please comment:

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**MEDICAL HISTORY**

**BIRTH**

Was your child premature? Yes No

If yes, at how many weeks of pregnancy was the birth? \_\_\_\_\_

Was the pregnancy/delivery normal? Yes No

If no, Explain:

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**SINCE BIRTH**

Does your child have any allergies, medical conditions and/or chronic health concerns? Yes No

If yes, Explain:

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Does your child seem well most of the time? Yes No

Have your child's eyes ever looked crossed? Yes No

Does your child have frequent ear infections? Yes No  
If so, how many?

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Does your child have ear tubes? Yes No

Explain any special precautions we must take:

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Does your child have any suspected or known special needs/handicaps? Yes No  
If yes, please describe:

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Has your child ever had surgery? Yes No  
If yes, please explain:

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Has your child experienced any emotional trauma? (Other than what is listed above) Yes No  
If yes, please explain:

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Is your child given any medication regularly? Yes No  
List:

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Is there anything else pertaining to your child's health that you wish to share with us?

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PATTERNS / HABITS

What are your child's favorite toys?

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What are your child's favorite activities?

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Is your child exposed to other children on a regular basis? Yes No

Explain:

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How do you enjoy spending time with your child?

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What discipline methods are used?

\_\_\_\_\_ Talk to the child about what is unacceptable and what needs to be done.

\_\_\_\_\_ Say "NO"

\_\_\_\_\_ Spank

\_\_\_\_\_ "Time Out" for \_\_\_\_\_ time/minutes

\_\_\_\_\_ Separate child from others

\_\_\_\_\_ Re-Direct

Other discipline methods used in family, please explain:

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Does your child have any particular fears (e.g. fear of animals, storms, etc.):

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Does your child:

Cry often? Yes No

Have temper tantrums? Yes No

Describe your child's personality:

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Has your child recently experienced, or is your child about to experience, a major life change? For example:

Birth of a sibling? Yes No

Death of someone close? Yes No

Move to a new home? Yes No

Separation or Divorce? Yes No

New pet or loss of pet? Yes No

Move to a new bedroom or from crib to bed? Yes No

If yes to any of the above, please explain:

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We would appreciate any additional information concerning your child that might better help us to understand his/her "world":

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Thank you!

We look forward to a healthy and satisfying relationship with you and your family.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_