

**FAMILY CULTURE/INFORMATION FORM**

Individual Care Plan (TODDLERS)

Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Parents, please help us out by filling out this information form. Thank you.

**Arrival**

What time will you usually arrive at the center? \_\_\_\_\_

What will help you and your child say good-bye to each other in the morning? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

**Diapering and Toileting**

What type of diapers do you use? \_\_\_\_\_

When does your child usually need a diaper change? \_\_\_\_\_

Is your child beginning to use the toilet? \_\_\_\_\_ If so, are there any special instructions for toileting? \_\_\_\_\_

**Sleeping**

When does your child usually sleep? \_\_\_\_\_

How long does he or she usually sleep? \_\_\_\_\_

What helps your child fall asleep? \_\_\_\_\_

How does your child wake up? \_\_\_\_\_

**Eating**

What are some of your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Is your child sensitive or allergic to any foods? If so, please list them:

\_\_\_\_\_

**Play Time**

What does your child like to do? \_\_\_\_\_

\_\_\_\_\_

How do you play with your child? \_\_\_\_\_

\_\_\_\_\_

**Departure**

What time will you usually come to pick up your child? \_\_\_\_\_

**Culture:** Parents, please take this opportunity to tell us about your family's culture. Completion of information assists in our ability to provide activities reflective of the children in our program.

My family is from: \_\_\_\_\_

My family consists of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some GAMES from my culture include: \_\_\_\_\_  
\_\_\_\_\_

Some RECIPES / FOOD from my culture include: \_\_\_\_\_  
\_\_\_\_\_

Some MUSIC from my culture include: \_\_\_\_\_  
\_\_\_\_\_

Some of my family traditions are: \_\_\_\_\_  
\_\_\_\_\_

***\*Original copy goes in the child file.  
\*\*Make a copy and give to the child's room.***