



The Day Care Center at Ivy League

197 Brookside Drive Smithtown, NY 11787

Phone: 631-656-9702 Fax: 631-656-9703

Date: _____

Toddler Supplemental Information Agreement

We would like to extend our warmest welcome to you and your child. To insure that your child will have the smoothest transition, from your home to our program, we ask that you look over these pages and fill them out accordingly. This information will help us to care for your little one in a manner that works best for everyone. Thank you so much for choosing The Day Care Center at Ivy League. We are extremely excited to get to know you and your family.

Child's Name: _____ Preferred/Nickname: _____

DOB: ____/____/____ Current Age: _____ Ht: _____ Wt: _____ Birthmarks: _____

TELL US ABOUT YOUR CHILD

- Is this your child's first experience in child care? ☐ Yes ☐ No
- How would you describe your child's personality? _____
- Does your child have difficulty communicating wants/needs? ☐ Yes ☐ No
- If so, how do you handle this? _____
- How does your child prefer to play? ☐ alone ☐ with one friend ☐ with a group of friends ☐ other
- What does your child enjoy most? ☐ quiet play ☐ noisy play ☐ both
- What are your child's favorite foods? _____
- Are there any foods your child **cannot** be served? _____
- Does your child have a favorite book? _____
- Does your child have any favorite songs? _____
- Does your child participate in any activities outside of the home? ☐ Yes ☐ No
- If yes, what are they? _____
- What may cause your child to become upset or have a difficult time? _____
- How do you help your child cope when having a difficult time? _____
- Does your child have any fears? ☐ Yes ☐ No
- If yes, what are they? _____
- What, if any, accessibility needs does your child have and how can we best meet those needs? _____

- Is there anything else you want to share about your child that you feel will help your child thrive while in care? _____

MEALTIME

All cups, containers, bags, and utensils must be labeled with the child's full name. Pouches and snacks must be labeled with the child's last name or initials.

How is child fed at home: ☐ High Chair ☐ Table with booster ☐ Other: _____

Drinks from: ☐ Cup ☐ Cup with Lid

Drinks: ☐ Milk ☐ Water ☐ Other: _____

Eats with: ☐ Hands ☐ Uses utensils ☐ Does not eat independantly at this time

Eats ☐ Jar/pouch ☐ Table Foods (please specify if there are limitations):* * _____

Food Allergies ? _____

Mealtime / snacktime schedule at home: _____

**Please note provider is not licensed to microwave any food.

SLEEPING

Nap schedule at home: _____

Sleeps in a: ☐ Crib ☐ Bed

Sleeps with: ☐ Pacifier ☐ Sound machine ☐ Other : _____

Naptime routine: _____ **Naptime limit preferences:** ☐ Allow child to sleep ☐ Wake child ☐ Other _____

Typical mood upon waking: _____

TOILETING

Wears: ☐ Disposable diapers ☐ Pull-ups ☐ Underwear

Is diaper rash a problem? ☐ Yes ☐ No

Do you use: ☐ A&D ☐ Desitin ☐ Balmex ☐ Special wipes: _____ ☐ Other: _____

When?: ☐ at every change ☐ only when red ☐ only for a BM

Toilet: ☐ Trained ☐ Training ☐ Not yet started

If toilet training, does your child indicate bathroom needs? _____

☐ Diaper at nap ☐ Stand at toilet ☐ Sit at toilet How often: _____

SUPPLIES

- 2 extra sets of clothing , any outerwear, and a bib for messy lunches
- Diapers, wipes, and diapering ointment
- 2 sippy cups (for water and milk)
- Sunscreen
- A tote bag or diaper bag separate from your everyday one, preferably with a zipper.

TELL US ABOUT YOUR HOME LIFE

- What is/are the primary language(s) spoken at home? _____
- Are there other people (not related to you) who live in your home ? ☐ Yes ☐ No
- If yes, what language(s) do they most often speak to your child? _____
- Who are the adults primarily responsible for your child? _____
- With whom does your child live? _____
- Are there any custody/visitation orders we need to be aware of? ☐ Yes ☐ No
- If so, what are they? _____
- Does your child have any siblings? ☐ Yes ☐ No
- If yes, what are their names and DOB? _____
- Tell us about any pets: _____
- What is your child's/family's race/ethnicity? _____
- We'd love to know more about your family's culture, traditions, and values. What are ways we can support and celebrate them in our program? _____

- Is there anything important for us to know about your family culture that will better help us to get to know your child?____

- What, if any, special talents or skills does your family have that you may be willing to share with the other children? _____

- Who is the PRIMARY contact for your child? _____
- What is the best method of communicating with you? _____
- Is there a day or time of day that is best to reach out? _____

HEALTH

- How is your child's overall health? _____
- Is there anything in your child's health history that we should know about ?(i.e. premature birth, developmental delay, surgery, major illness, trauma, allergies)_____

- Is there anything we can do to help support your child's overall health?_____

DEVELOPMENT

LANGUAGE DEVELOPMENT:

- Please tell us about your child's language skills. How do you, and others, understand your child's communication? _____

- What does your child really enjoy talking about? _____

- Please share any strengths your child has in this area of development: _____

- Please share any concerns you have with this area of development: _____

GROSS/FINE MOTOR DEVELOPMENT:

- Please tell us about your child's physical skills. Is your child able to do most things physically such as climbing, running, dancing, balancing, going up and down stairs, etc? _____

- What does your child really enjoy doing physically? _____

- Please share any strengths your child has in this area of development: _____

- Please share any concerns you have with this area of development: _____

COGNITIVE DEVELOPMENT:

- How easily does your child grasp new ideas and concepts? _____
- How is your child's memory? _____
- What are your child's favorite things to learn about? _____

- What is your child's response to tasks that are difficult? _____

- Please share any strengths your child has in this area of development: _____

- Please share any concerns you have with this area of development: _____

DEVELOPMENT cont'd

SOCIAL & EMOTIONAL DEVELOPMENT:

- How does your child play and get along with others? _____

- When someone is unkind to your child, what is your child's response? _____

- What emotions do you see your child express most often? _____

- Please share any strengths your child has in this area of development: _____

- Please share any concerns you have with this area of development: _____

TEMPERAMENT:

- How does your child approach new things or people? _____

- How does your child react and adapt when there is a change? _____

- How active is your child? _____

- What is your child's typical mood? _____
- How strongly does your child express his feelings when excited or when angry? _____

- How long will your child keep at an activity without giving up? _____

- How do outside stimuli (phone ringing, television on, etc) cause your child to lose focus? _____

- Does your child show sensitivities to stimulation such as touch, sound, taste, room temperature, etc.? _____

- Is there anything else you would like to share with us about your child? _____

HEALTH/WELLNESS POLICY

We hope that your children never get sick, but the reality is, sicknesses happen. Our general policy here at the day-care is that a child must be fever free, diarrhea free, and/or vomit free for a full day, without the use of fever reducing medications, prior to returning to the daycare following an illness. If your child is sent home sick with an illness you may not return to the day care until your child is symptom free for at least a full day after being sent home. If your child has an unusual rash (not diaper rash), we ask that you obtain a doctor's note specifying that your child is not contagious and is able to return to the day care. If you suspect your child may be coming down with something, we ask that you use your best judgment when deciding if your child is well enough to attend school. Our policy also considers times where your child may require excessive care. You may be asked to pick up your child if there have been multiple bouts of diarrhea, regardless of cause. Dehydration, and excessive care are also considerations. See our parent handbook for a more detailed descriptions of our policies).

If your child is sent home with, or you keep your child out of daycare due to a possible illness, please inform the daycare of any diagnosis as soon as you can. The sooner we are made aware, of illness, the sooner we can communicate a health alert to other families to watch for similar symptoms. This helps greatly in reducing the spread of germs to the whole program.

ARRIVAL / DISMISSAL / ATTENDANCE POLICY

Regular daycare hours are 8:00am through 5:00pm. If your child is going to be absent or late, inform the daycare by 8:30am. Additionally, drop off time ends at 9:30am. If there is an extenuating circumstance, and you need to drop off later than 9:30am, please call the director in advance to make arrangements. Early care begins at 7:00am. Late care extends to 6:00pm. Only families that are enrolled in early or late care should be here during those times of day. If you need to add extended care for a day, or as part of your program, please reach out to the director.

ATTESTATION

We thank you once again for entrusting your children to our care. By signing the lines below, you are attesting that you have read through this document and the Parent Manual located on our website, answered questions to the best of your knowledge, and agree to abide by our policies.

Parent or guardian signature

Parent or guardian printed name

Date

Provider signature

Provider printed name

Date