



Discovery School-Based Child Care Program
P.O. Box 421, Kingsville, ON N9Y 2G1
Tel: (519) 733-62-8202 | Fax: (519) 733-2988

GETTING TO KNOW YOU

Child's Name _____

TODDLER

Has your child participated in any type of childcare experiences? If so please describe the experience.

Tell us about your child's normal daily rest schedule. (times)

Describe your child's eating habits (likes and dislikes)

Has your child experienced any major events and or changes in his or her life, which could affect development and or behaviour?

Is there any thing else you would like to share with us about your child. (e.g. likes, fears, etc.)
