

Tamarak LLC: Hayden & Coburg ELC  
Wobbler/Toddler Care Plan

**Child's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_

**Family/Relationship Information:**

Describe your child's family and who lives in your household.

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Has your child been cared for before by people who are outside your home or not part of your family?  
If so, please describe:

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Is your child used to being around a lot of people?

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Describe your child's experiences with other children:

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**Daily Routines/Interests:**

Describe your child's day at home: (morning, afternoon, evening)

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What calms your child when he/she is upset?

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What are your child's favorite toys to play with?

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Is there anything else about your child's routine or interests that you would like us to know?

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**Special Concerns:**

Do you have any special concerns about your child's development? (circle one)      Yes    -or-    No

If yes, what are the special concerns?

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## Sleeping Habits:

Please describe your child's sleeping schedule and routine: (where they sleep, co-sleeper, bed time, nap time and routine)

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What helps your child go to sleep? (cuddling, stuffy, rub head, reading, etc.)

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What does your child do to comfort or soothe himself or herself? (suck thumb, play with hair, etc.)

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## Diapering/Toileting Habits:

What type of diaper does your child use? (circle one)      Cloth    -or-    Disposable    -or-    Pullups

(If cloth diapers are provided, you must provide a sealable pouch for used diapers to be placed in. You will take them home daily and provide us with a clean bag daily. By state regulations, we cannot dump or rinse cloth diapers.)

Is your child prone to diaper rash? (circle one)      Yes    -or-    No

What type of ointment will you provide for diaper rash? \_\_\_\_\_

How often would you like it to be applied? \_\_\_\_\_

Children 2 yrs. and older: Have you started potty training with your child? (circle one)    Yes    -or-    No

If so, what does your potty-training routine look like?

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## Teething Habits:

Is your child teething? (circle one)    Yes    -or-    No

When your child is teething, will you provide teething medication? (circle one)      Yes    -or-    No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_