

Little Paws Children's Centre

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Infant & Toddler Program Questionnaire

Welcome to Little Paws Children's Centre Infant & Toddler Program. Please answer the following Questions to help us get to know your child better.

Child's Name: _____

Date of Birth: _____

Developmental History

Describe any complications during pregnancy or at birth or any illnesses or prematurity:

Describe your child's general health:

Describe how your child communicates:

How would you describe your child's overall development?

Do you have any concerns with your child's development?

Behaviour and Habits

Describe your child's personality:

What does your child's daily routine look like?

Does your child go down for a nap easily or do they need to be held?

Does your child have any comfort items, such as a stuffy, soother, blanket?

How does your child react to new situations?

Diet Information

Describe your child's diet:

Is your child breast fed? If so, how can we continue to support you with this?

Does your child take a bottle easily?

What solids has your child tried?

Have they eaten eggs or peanut butter yet?

Do they have any food allergies we need to be aware of?

Does your child have any dietary restrictions?

Is there anything else you would like to let us know about your child that will help us to fully meet the needs of your child?

Thank you for completing this questionnaire, we look forward to providing quality care to your child and working with you as a team.