



**Schoolcraft
College**

**Children's Center
TODDLER PROGRAM**

PROGRAM DESCRIPTION

The Schoolcraft College Toddler Program is a play based program which focuses on the child's language skills, social skills, and self-help skills such as toileting, as well as providing each child with the foundation for a positive self-image. The program uses developmentally appropriate practices incorporating structures and unstructured activities and positive discipline techniques to reach these goals.

PROGRAM COST

Full Time \$280.00 per week

WHAT TO BRING WITH YOUR CHILD

While a child is in the Toddler Room, the parent will provide the following:

- ◆ Disposable diapers, wipes, and any ointments or creams your child will need for diapering
- ◆ Sunscreen
- ◆ (2) changes of clothes (appropriate for the season)
- ◆ (2) flat sheets (2) blankets (a special blanket/toy/pacifier for nap time)
- ◆ Extra shoes and a towel for water play

TENTATIVE DAILY SCHEDULE

This schedule is tentative. The activities are flexible and can be omitted if the interest of the group is focused on another area of the curriculum for longer than the schedule time.

7:00-8:30	breakfast, free play activities	12:00-12:30	lunch
8:30-9:00	gross motor activities	12:30-1:00	clean up, free play, prepare for nap
9:00-9:30	prepare for snack	1:00-3:00	nap
9:30-10:00	structured activities, learning centers	3:00-3:30	snack
10:00-11:00	outside play (weather permitting)	3:30-4:00	structured activities
11:00-11:30	exploration time	4:00-5:00	gross motor activities, outside play
11:30-12:00	clean up, prepare for lunch	5:00-6:00	free play, pickup

**ALL SUPPLIES MUST BE CLEARLY LABELED
WE CANNOT ALLOW A CHILD TO REMAIN IN THE CENTER WITHOUT ADEQUATE SUPPLIES**

Infant/Toddler Classroom Adult:Child Ratios and Maximum Group Size

	NAEYC Ratios	State of Michigan Ratios	Max. Group Size
Infant (8 wks.-12 mos.)	1:3	1:4	6
Transition Toddler (12-24 mos.)	1:4	1:4	8
Toddler 120 (18-30 mos.)	1:5	1:4	8
Toddler 155 (18-30 mos.)	1:5	1:4	11

The Children's Center staff maintains ratios and group size during indoor, outdoor times, and during in house or on-campus field trips.

Intake Questionnaire

CHILD & FAMILY INFORMATION		
Child's Name		Today's Date
Child's Nickname (if applicable)		Date of Birth
Child's Ethnicity	Child's Home Language	Does your child understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian 1 (Pronunciation)		Occupation of Parent/Guardian 1
Parent/Guardian 2 (Pronunciation)		Occupation of Parent/Guardian 2
Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what are their names and ages?	
What other adults live in the household with your child? (Mother, Father, Grandmother, Grandfather, etc.)		
Do you have any pets in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what type? What is/are your pet(s) name(s)?	
STATUS OF PARENTS	<input type="checkbox"/> living together <input type="checkbox"/> living apart <input type="checkbox"/> divorced <input type="checkbox"/> widowed	
Has either parent been away for a long period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for how long? For what reason?	
Was your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what age was your child at the time of adoption?	
Has your child been in child care previously? Have a Nanny? If so, how many days/hours per week?		
CHILD'S BEHAVIOR		
How would you describe your child's personality?		
How does your child approach learning? (Hesitantly, interested, curiosity, other)		
Do you have any concerns about your child's present behaviors? If so, which behaviors concern you?		
How does your child handle stressful situations? (Angry, cry, other)		
How do you help your child in these situations?		
What things, that you notice, frustrate your child?		
How does your child express feelings of happiness, enjoyment, etc.?		

What things would you like your child to achieve throughout their toddler experience?

CHILD'S HEALTH

Was your child a full term pregnancy?

Yes No

Were there any complications with the birth of your child?

Yes No

Has your child had any serious illnesses (asthma, allergies, measles, other)? If so, please explain.

Has your child had any operations? If so, please explain.

Does your child require medication often? If so, please explain.

Does your child have any special needs such as orthopedic, emotional, other? If so, please explain.

At what age did your child learn to crawl?

At what age did your child learn to walk?

Does your child have any food allergies/sensitivities?

CHILD'S INTERESTS

What about your child do you find most enjoyable?

What are some things that your child succeeds at? (Independent eating, toilet learning, other)

What words do you use to refer to urination/ bowel movements?

What are some challenges that your child faces?

Does your child prefer to play: Alone? With siblings? With other children? With adults?

What indoor and outdoor activities does your child engage themselves in?

What holidays or special traditions does your family celebrate?

Would you be willing to share your traditions with the children in our class?

Yes No

SIGNATURE

Parent/Guardian

Date