

Family Questionnaire

Dear Parent/Guardian,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

Child's Name _____ Date of Birth _____

Any Nicknames?

Sleeping Habits

My child usually naps _____ times/day from: _____ to _____

from: _____ to _____

from: _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Eating Habits

_____ picky eater

_____ eats a variety of foods

_____ likes water

_____ like milk

Favorite foods?

Any dislikes?

Toileting

_____ Underwear

_____ Pull ups

_____ all day

_____ sleeping only

Training process:

Does your child ask to go to the bathroom?

What phrases/words do you use for urinating?

What phrases/words do you use for bowel movements?

If toilet training is in process, please describe routines/methods you use:

Social Interaction

Has your child ever attended or been enrolled in:

_____ a child care center

_____ a family day care home

_____ a babysitter's home

_____ your home with a babysitter

_____ a parent/child play group

_____ other settings:

How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How often does your child need to be held during the day?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of:

_____ **strangers**

_____ **new situations**

_____ **animals**

List any other fears:

Your child's favorite toys and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

How do you comfort your child?

How do you and your family spend time together?

Any special family situations? Custody orders?

Please list any special medical considerations

Does your child have any distinguishing birthmarks?

Parent's Expectations

What are your goals and expectations for your child at Cradles to Crayons Child Care?

Do you have any questions or special concerns to which you would like to draw our attention to?

How would you like to participate in our program?

join us for special events

assist with classroom activities

join our Parents in Partnership group

Any special skills/interests/cultural activities you would like to share with your child's class?

