

Child's Name _____ Date _____

1. Please describe a typical day in the life of your child. _____

2. Describe your child's personality. _____

3. What time does your child wake up? _____ Go to bed? _____

4. Does your child nap or have quiet time? Yes No If so, for how long? _____

5. Is your child reliably potty trained? Yes No At what age? _____

6. Describe any present or past health issues for your child (including allergies, illnesses, etc.) _____

7. Has your child ever been hospitalized? Yes No _____ If yes, please explain. _____

8. Does your child have any specialized educational or medical needs? Yes No _____

Please describe. _____

PARENT QUESTIONNAIRE (Continued)

9. Please list any other caregivers and their contact information. _____

10. How does your child interact when playing with other children? _____

11. Does your child have any fears that would be helpful for us to know about? _____

12. Has your child been separated from you for more than a day? Yes No If yes, please explain. _____

13. Does your child experience separation anxiety? Yes No If yes, please explain. _____

14. What soothes your child best when they are upset? _____

15. Has there been any dramatic change in your family structure? Yes No If yes, please explain. _____

16. What would you like us to know about your child? _____

17. Please describe what you are looking for in an early childhood education experience. _____

PRINT NAME _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____