



Please take a moment to answer this brief questionnaire about your child. It will help our staff better acquaint themselves with _____. Please feel free to skip a question if you prefer not to answer it.

What was your child's birth weight? _____
Normal delivery _____ Caesarean _____ Complications? _____

Does your child have a nickname? _____ What? _____

Has your child been enrolled in another child care center? _____ Where and for how long? _____

Does your child have any allergies? _____ What? _____

Is your child afraid of anything? (Darkness, Santa...) _____

Does your child have a favorite item to sleep with? _____ What? _____

Does your child suck his/her thumb? _____ Use a pacifier? _____

Have you started to potty train your child? _____

Does your child have any brothers or sisters? _____

Does your child have any pets? _____ What? _____

What school district do you live in? _____

If both parents are not living at home, does your child see the absent parent? _____ How often? _____

How many people live in your home? _____ Please list relationship _____

Do your child's grandparents live in the same house? _____

How did you hear about us? _____

If you have looked at other centers, what made you select ours? _____

Does your child have any serious medical problems or has your child been hospitalized in the past year?
Please explain: _____

Is there anything else that would be helpful for us to know? _____:

Signature _____ Date _____