

CHILD'S GARDEN LEARNING CENTER, INC.

PARENT QUESTIONNAIRE

Please take a few minutes to fill this out. The information you give us will help to understand your child better. Thank you. All information is confidential.

Parent signature _____

Annual updates:

Date _____

Initial & Date _____

Child's name _____

Nickname, if any _____

Birth date _____

Birthplace _____

FAMILY

Father's name _____ Occupation _____

8-5 job ___ night job ___ travels a great deal ___ occasionally ___

Hobbies _____

Mother's name _____ Occupation _____

8-5 job ___ night job ___ travels a great deal ___ occasionally ___

Hobbies _____

Parents are married ___ divorced ___ separated ___

Siblings and ages (check if not living with family)

Does anyone other than the immediate family live with you? (i.e. grandmother, student, etc.)

PERSONAL

Bedtime: Does your child have his/her own room or share it? _____

With whom? _____

What time does your child usually go to bed? _____ Get up? _____

Does your child wake up quickly? _____ gradually, over a few hours? _____

Does your child take a nap? daily _____ occasionally _____ not at all _____

How long is the nap? _____

Favorite foods: _____

Favorite toys: _____

Favorite books: _____

Does your child usually play inside _____ or outside _____?

Child's energy level: very active _____ active _____ quiet _____ very quiet _____

How does your child indicate his/her need to use the bathroom? _____

Does he/she need assistance in the bathroom or can he/she manage alone? _____

Is your child adopted? _____ Does he/she know? _____ At what age adopted _____

How do you normally discipline your child? _____

What forms of discipline do you think he/she would be most responsive to at school?

Is your child easy _____ normal _____ difficult _____ to guide to better and more appropriate play for his/her age and circumstances?

Does your child have any recurrent fears? (animals, storms, being left alone)

Check if your child can:

___ Put on shoes

___ Tie or buckle shoes

___ Button overcoat

___ Start (then zip) zippers

___ Put on boots

___ Buckle/fasten boots

Is there anything which you could tell us about your child, past experiences, future experiences, etc., which would aid his/her teacher in understanding how he thinks and behaves? Please be as extensive as possible; the more we know about your child, the more we can teach and help him/her.

What do you feel is important for your child's growth this year at Child's Garden?

SOCIAL

Does your child have playmates in the in the immediate neighborhood? _____

Does your child usually play with children his own age _____ older children _____

younger children _____ mixed age group _____?

Has your child previously attended nursery school or day care? _____

If so, name of school _____

Length of time attended: _____ hours a day _____ times a week

Does your child now attend any other group? (YMCA, Sunday School, Daycare)

Does your child have regular responsibilities in the home? _____

Please list: _____

Community Groups you and your family belong to: _____

MEDICAL

Any allergies (bee stings, food, soaps, etc) _____

Treatment for allergy (Emergency Care Plan must be on file) _____

Does your child have any handicaps or physical difficulties (i.e. hearing, sight, speech)?

Is your child taking medication regularly? _____

For what? _____

Past illness and physical conditions _____

List any accidents, operations or hospitalizations:

<u>Situation</u>	<u>Date</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____

Is there any special conditions to be watched for in school at the present time?
(elimination, hay fever, asthma, sinus, allergies, ear infections, etc.) Please explain
below.

