

Jenkins Early Childhood Learning Center Infant Questionnaire

Child's Name: _____ Nickname: _____

Child's Date of Birth: _____ Program: _____

Parent's Name: _____ Parent's Name: _____

Siblings (with ages): _____

Is this your child's first group care experience? Y/N _____

Does your child have allergies or food restrictions? If yes, please note:

Is there anything about your family situation that we should know in order to better serve your child's and family's needs? (divorce, moves, illness, etc.)

What does your child's typical daily routine look like? (Eating, sleeping, active play – note feeding details below)

What does your child typically eat/drink during the course of the day? (bottles, baby food, amounts, etc.)

What makes your child happy and unhappy? When your child is unhappy, what is the most effective way to comfort him or her?

How does your child experience transition times or separations? What helps him or her get through them?

What goals do you have for your child this year?

What information do you hope to receive from us and what is the best way to communicate with you? (phone, email, hard copy, face to face)