

## **Jenkins Early Childhood Learning Center Older Infant / Toddler 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)**

**What does your child typically eat/drink during the course of the day?**

**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)**