

Jenkins Early Childhood Learning Center Questionnaire

Child's Name: _____ Prefers to be called: _____

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

Siblings (with ages): _____

Is this your child's first childcare/preschool experience? ___ Yes ___ No

Is your child potty trained? ___ Yes ___ No

Does your child have allergies or food restrictions? If yes, please explain. (Any severe allergies will require an allergy action plan.)

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

What does your child typically eat/drink during the course of the day? (For infants please be specific about amounts and times of feeding)

What does your child's typical daily routine look like? (Wake up time, bed time, naptime, playtime)

How do you comfort your child when they are upset?

What are your child's favorite toys, interests or things to do?

What goals do you have for your child this year?