



PARENT QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____ Age: _____

School: _____ Current Grade: _____

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

Siblings: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other persons living in the household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies and reactions: _____

Previous child care arrangements: _____

Primary language spoken at home: _____

Do you have any concerns regarding your child's development? If so what are they?

Current sleep schedule: _____

Current eating schedule: _____

Favorite foods: _____

Least favorite foods: _____

Favorite things to do: _____

Additional information: _____

Parent Signature: _____ Date: _____