



PARENT QUESTIONNAIRE

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

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: _____

Teething information: _____

Diapering information: _____

Additional information: _____

Please note: Infants are on an "on demand schedule", they will sleep and eat on demand while at the center, the information above is to help us get to know your child better.

Parent Signature: _____ **Date:** _____