



The Children's Place Daycare About your child

Please fill out this questionnaire so I may better understand your child.

Child's name: _____ Date: _____

1. Please list your child's most like foods

Breakfast

Lunch

Dinner

2. List the foods your child likes least or just will not eat:

3. Does your child usually take naps? Yes__ No__

How long? _____ Times of naps? _____

4. Types of pets at home: _____

5. What are your child's favorite play things? Toys? Books? Pets?

6. What activities does your child spend most of his/her waking hours doing at home?

7. Does your child have any particular habits or mannerisms such as thumb sucking or nails biting? Yes ___ No ___ If so describe:

8. Do you have any concerns?

9. Please add any comments that may help me to understand your child. (Ex. Calming techniques etc.)

10. Is your child toilet trained? Yes ___ No ___. What words does your child use for toilet?

11. How does your child express **ANGER** or frustration?

12. When your child is upset, what helps to **COMFORT** him/her?

13. Does your child have a special toy or blanket for nap?

14. What previous childcare has your child attended?

15. What are your **EXPECTATIONS** of The Children's Place?