



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

Child's name _____

Date _____

1. What time does your child go to bed at night? _____
2. What time does your child wake up in the morning? _____
3. Will breakfast need to be served to your child? _____
4. Please list the foods your child enjoys most:
 - *Breakfast _____
 - *Lunch _____
 - *Snack _____
5. List Foods that your child dislikes: _____
6. Does your child take naps? _____
 - *How Long? _____
 - *What time do they nap? _____
7. Does your child have any fears? Dogs? Storms?... _____
8. Do you have any pets at home? _____ What Kind? _____
9. Has your child stayed with other adults before? _____
10. What are your child's favorite....playthings, pets, books... _____

11. What activities does your child enjoy the most? _____



12. Does your child have any particular habits or mannerisms, such as thumb sucking or nail biting? If so please describe _____

13. In what ways do you reassure or reward your child? _____

14. In what ways do you respond to your child's negative behavior? _____

15. Do you have outstanding concerns? _____

16. Please add any comments that may help us to understand and care for your child: _____

Parent/Guardian Signature _____ Date _____