All About Me Preschoolers

Dear Parents,
Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____ DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Does your child:

___ Skip
___ walk backward
___ stand on one foot unsteadily
___ Jump on small trampoline
___ go up steps
___ alternate feet when walking down stair

SLEEPING HABITS

My child usually naps :_____
My child sleeps at night from ____ p.m. to ____ a.m.
Does your child have any sleep disturbances?
Does your child sleep with any special object?
Does your child sleep in her/his bed at night? ❑Yes ❑No*, please explain

EATING HABITS

Favorite food:

TOILETING

Is your child toilet trained?
Does your child ask to go to the bathroom?
What phrases/words do you use for urinating?
What phrases/words do you use for bowel movements?
If toilet training is in process, please describe routines/methods you use:

PLAY & SOCIAL INTERACTION

Has your child ever attended or been enrolled in:

___ a child care center at what age? ____
___ a family day care home at what age? ____
___ a babysitter's home at what age? ____
___ your home with a babysitter at what age? ____
___ a parent/child play group at what age? ____
___ other settings:
___ This will be the first experience in a child care center.

How does your child adjust to new situations and activities?

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Who is your child's current caretaker during the day?
How does your child communicate? (crying, pointing, phrases, sentences):
Can others understand your child's method of communication?
Is your child afraid of: ___strangers ___ new situations ___ animals
List any other fears:

Your child's favorite toys, character and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

SPECIAL MEDICAL CONSIDERATIONS
Please list any:

Does your child have any distinguishing birthmarks?

Do you have any concerns about your child (anxiety, fears, development, allergies)?

FAMILY BACKGROUND
Who lives in your child's home and what are their names, birthday (Month/Day)? How about grandparents ?

Do you have any pet at home? If yes, what is its name?

What language is primarily spoken at home?

Primary: _____ Secondary: _____

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Tell us about your cultural background?

How do you and your family spend time together?

What family tradition do you practice at home; special holidays that you celebrate?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at Stream Montessori School?

Do you have any special concerns or questions to which you would like to draw our attention?

_____	_____	_____
Parent/Guardian	Signature	Date

_____	_____	_____
Parent/Guardian	Signature	Date