

CARE-A-LOT Early Learning Centers
QUESTIONNAIRE

THIS IS A 2-SIDED FORM,
PLEASE COMPLETE
REVERSE SIDE.

Child's Name: _____ Birthdate: ____ / ____ / ____

Today's Date: ____ / ____ / ____ Child's Current Age: ____ yrs. ____ mths.

Dear Parents:

In order for our center to best serve the needs and interests of your child, we need an understanding of his environment and it's affects on him outside of school. The more thorough knowledge we have of his social, emotional, physical and mental development, the better we will be able to meet his needs. We would appreciate your cooperation in answering this, 'Questionnaire', as accurately as possible.

If at any time during the school year you would like to discuss your child's progress, we will gladly make an appointment with you. Any information you give us will be kept in strict confidence.

1. What does your child like to be called? _____

2. How many people are living in the home and what is the relationship of each person to the child? (Please give ages of children, young adults and adults)

3. Is either parent/caregiver regularly away from home more than the normal working day? _____

4. Are there presently any situations at home which make for tension? (illness, new baby, moving, separation from parent, divorce, loss of family member, please specify situation:

5. If your child has attended another home day care or day care center, please tell us of his experiences. Please specify name and address of previous day care giver or center:

6. Has the child, in the past, had any experiences which resulted in extreme emotional disturbances? (fear, anxiety, etc.)

7. Number of methods of discipline used most frequently: *(please number according to frequency used with #1 being the most used and #7 being the least, 0=not used)*
____ Isolation ____ Scolding ____ Deprivation of some pleasure
____ Ignoring ____ Reasoning ____ Rewards ____ Spanking
____ Other (Specify) _____

8. For what types of behavior do you normally discipline? _____