# Parent Questionnaire Child and Parent Information

INSERT LOGO and address

Dear families

We value the relationships we build with our families and the expert knowledge you have about your children. To ensure we can provide the best education and care, please answer the following questions. If we have asked you to do this previously, we have attached your last response. In this case please respond only to the questions where the answer has changed since last time.

Child Name

Child’s siblings Date of birth

Other people living in home Relationship to child

Other family child has regular contact with Relationship to child

1. Please describe your child’s care experiences prior to coming here

eg family day care, nanny, other centre

1. Does your child have any fears or had any trauma?

eg spiders, dogs, thunder, confined spaces, accidents

1. Is there any further information that may help us understand your child better?

eg family situation, recent events

1. What are your child’s regular activities?

eg library, play group, swimming/sport class

1. Does your child sleep during the day? yes/no am/pm bed/cot

Comments:

1. Is your child breast fed? yes/no

Drinks formula yes/no

Drinks from cup/spout/bottle

Is your child toilet trained? yes/no

If toilet training does your child use a potty? yes/no

Is your child able to use a toilet? independently/with help

Parent Information

1. Please list any centre activities you would you like to participate in.

eg excursions, cooking, reading, daily learning activities

1. Please describe any hobbies or skills you would be willing to share with our children.

1. Would you be willing to share information about your job or workplace with our children? If yes, what do you do?