

# Parent Questionnaire

Childs Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

•My child's interests and favorite foods and activities are:

\_\_\_\_\_  
\_\_\_\_\_.

•My child Dislikes \_\_\_\_\_.

•My child is afraid of: \_\_\_\_\_.

•When my child is upset he/she can be comforted by

\_\_\_\_\_.

•My child's strong qualities are: \_\_\_\_\_.

•Our daily routine consists of: \_\_\_\_\_

\_\_\_\_\_.

•I wish to enroll my child at this center because

\_\_\_\_\_.

•Our home environment(siblings(name,age.....), custody and other helpful information in understanding where my child comes from.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

•Emotional, Social, Developmental and other areas to work on with my child include

\_\_\_\_\_  
\_\_\_\_\_

•How did you hear about Shaneann's Childcare?

\_\_\_\_\_

\_\_\_\_\_

•Glasses/Hearing Aids \_\_\_\_\_

•Allergies \_\_\_\_\_

•Accidents/ Injuries \_\_\_\_\_

•Other health Information \_\_\_\_\_

•My child's parental/guardian Information:

Fathers Legal Name and Date of Birth \_\_\_\_\_

Fathers Relationship with the child \_\_\_\_\_

Father Contact Info. \_\_\_\_\_

Mothers Legal Name and Date of Birth \_\_\_\_\_

Mothers relationship with child \_\_\_\_\_

Mothers Contact Info \_\_\_\_\_

Step parent/guardians Legal name and

DOB \_\_\_\_\_

His/Her relationship with the child \_\_\_\_\_

His/Her Contact info \_\_\_\_\_

•If an emergency arises during care, the first person to notify is

\_\_\_\_\_

○ Contact Information \_\_\_\_\_

•Other information I would like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If a special problem arises we will cooperate fully with the teacher, director and any special services available to help my child. \* In case of an emergency I give permission to my child's care givers to seek medical attention. \* I understand that Shaneann's Childcare will admit my child regardless of race, color, ethnicity, sex or religion without any discrimination and will try to make accommodations for children with handicaps. \*I want my child to have all rights, privileges, programs and activities available to him/her which the other children enjoy, \* I understand that my child's care is education and developmentally based and I will support my child's growth in all ways possible. \* I will not object to any inclusion of religious materials in my child's education and daily routine. \* I understand that I am responsible for any fees required in the care of my child, any concerns regarding this matter I will state below. My(our) signature(s) indicate that the above information is correct, and that I(we) wish to abide by the promises stated. \* To my knowledge all information on this application is true.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Thank you for filling out this questionnaire. It will help Shaneann's Child care to best meet your child's needs. For enrollment consideration this form must be completed and signed. The following will also be needed.

- ❖ Child Info card
- ❖ Health and Immunization
- ❖ Photo Permission
- ❖ Health Statement
- ❖ Notebook Information
- ❖ Food Program Information