

Children’s Garden

Child Care Questionnaire

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Child’s Name:  | Child’s Nickname:  |
| Gender:  | DOB:  |
| Parent’s Name: | Email:  |
|  | Cell Phone:  |
|  |  |
| Parent’s Name:  | Email:  |
|  | Cell Phone:  |
|  |  |

Has your child had any other experience in childcare? Please explain.

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

What expectations do you have for a childcare provider?

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What do you hope your child will learn while attending Children’s Garden?

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What are your top 3 concerns when searching for a childcare provider?

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