



This is a little questionnaire that we would like you to take a minute to answer. It asks questions about your child _____ that might give us some information to help our staff better acquaint themselves with your child. Please feel free to skip a question if you prefer not to answer it.

Does your child have a nickname? _____

Has your child been enrolled in another child care center? Where and for how long? _____

Does your child have any allergies? What? _____

Is your child right-handed or left-handed? _____

Is your child afraid of anything? (Darkness, Santa...) _____

Does your child have a favorite item to sleep with? What? _____

Does your child suck his/her thumb? _____ Use a pacifier? _____

Does your child wet the bed? _____

Does your child have any brothers or sisters? _____

Does your child have any pets? What? _____

What school district do you live in? _____

If both parents are not living at home, does your child see the absent parent? _____ How often? _____

Do your child's grandparents live in the same house? _____

How did you hear about us? _____

If you have looked at other centers, what made you select ours? _____

Is there anything that you are doing at home that you would like us to re-enforce here at school? _____

Is there anything else that would be helpful for us to know? _____ :

Signature _____ Date _____

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