

**THE ACADEMY FOR EARLY LEARNING**  
**Pre-Enrollment Questionnaire For Parents**

**CHILDS NAME:** \_\_\_\_\_

**FAMILY:** Names and ages of other children in family: \_\_\_\_\_

\_\_\_\_\_

List all other persons (children and adults) who live in our home and their relationship to your child: \_\_\_\_\_

\_\_\_\_\_

Other family information that would be helpful to your child's teacher (i.e. home languages, cultural or religious practices, etc): \_\_\_\_\_

**FOOD:** Are there any particular eating problems? \_\_\_\_\_

\_\_\_\_\_

Brief description of your child's eating habits: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Foods Refused: \_\_\_\_\_

**Infants and Toddlers Only:**

I like to eat in the following position: \_\_\_\_\_

I like my bottles/food served : \_\_\_\_\_

I eat the following foods now: \_\_\_\_\_

**TIME:** Average hours spent daily:

With Mother: \_\_\_\_\_ With Father: \_\_\_\_\_ With other children: \_\_\_\_\_

With other adults: \_\_\_\_\_ Watching television: \_\_\_\_\_

Indicate the kinds of things you believe your child would enjoy doing:

\_\_\_\_\_ books, puzzles, blocks

\_\_\_\_\_ paper, pencils, crayons

\_\_\_\_\_ scissors, paste, glue

\_\_\_\_\_ trucks, trains, cars

\_\_\_\_\_ legos, tinker toys, take-apart toys

\_\_\_\_\_ dolls, dress-ups, dishes

\_\_\_\_\_ balls, jump ropes, trikes

\_\_\_\_\_ mud, water, sand, play-dough

\_\_\_\_\_ table games (manipulatives)

\_\_\_\_\_ climbers, steps, slides

\_\_\_\_\_ rattles, teethingers, hand-held toys

\_\_\_\_\_ busy boxes, sorters

\_\_\_\_\_ push or pull toys

\_\_\_\_\_ other (please give examples)

**SLEEP:** What time does your child go to bed? \_\_\_\_\_

What time does your child awake in the morning? \_\_\_\_\_

Is your child a napper, and if so, how long does it take for him/her to fall asleep? \_\_\_\_\_

Describe any sleep problems (bed wetting, nightmares, sleep with parents, etc): \_\_\_\_\_

**Infants/toddlers:** I am sleepy when I display the following signs: \_\_\_\_\_

**Infants:** Sleeping schedule consists of: \_\_\_\_\_

**SOCIAL:** How does your child play with other children? \_\_\_\_\_

What are the names of some friends? \_\_\_\_\_

Does your child prefer playing alone? \_\_\_\_\_

Does your child seek a lot of adult attention while playing? \_\_\_\_\_

Has your child attended any other babysitter, day care or nursery program? If so, where and for how long (age)? \_\_\_\_\_

Were there things he/she disliked about that experience? \_\_\_\_\_

Have you and your child had an extended separations from each other? How long and for what reason? Who cared for him/her during that time? \_\_\_\_\_

How does your child act now when you have to leave him/her? What do you find is best to say or do at these times? \_\_\_\_\_

How does your child respond to strangers at this time? \_\_\_\_\_

How does your child most easily adjust to new situations and experiences? \_\_\_\_\_

At this time, how long does your child stay with a particular activity such as books or blocks? \_\_\_\_\_

**TOILETING:** Is your child toilet trained? \_\_\_\_\_

Are there any special words or routines about toileting that we should know? \_\_\_\_\_

**Infants/toddlers:** If my bottom gets sore, I like: \_\_\_\_\_

My bowel movements are usually \_\_\_\_\_ (consistency)

I usually have my bowel movements at \_\_\_\_\_ (time)

**OTHER:** Describe any of your child's fears: \_\_\_\_\_

Describe any unfortunate events that happened to your child: \_\_\_\_\_

\_\_\_\_\_

Describe any pets: \_\_\_\_\_

List pet names: \_\_\_\_\_

Does your child take responsibility in dressing? \_\_\_\_\_ in washing? \_\_\_\_\_

List your "three most important rules" for your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Describe most common method of discipline: \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain most from his/her experiences here? \_\_\_\_\_

\_\_\_\_\_

Describe any physical birthmarks, scars, etc. your child may have: \_\_\_\_\_

\_\_\_\_\_

Are there any family background, beliefs or cultural childrearing practices you would like to share with us that would make your child's learning experience more meaningful? \_\_\_\_\_

\_\_\_\_\_

Are you able to help plan and/or participate in classroom activities (reading books, assisting with story dictations, helping with art projects) and family events (parent meetings, special events, parties)? And if so, how? \_\_\_\_\_

\_\_\_\_\_

What opportunities would you like made available for you to participate in classroom and center activities? \_\_\_\_\_

Are there any community support systems, resources, or activities that you are aware of and would like to incorporate into our program? \_\_\_\_\_

\_\_\_\_\_

Are you willing to be on an interactive parent contact list in order to work with other parents on activities and events? \_\_\_\_\_

Briefly describe your child's:

Special interests, likes, dislikes-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approaches to learning-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special developmental needs-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for your child?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child or give pertinent information that is not included in this questionnaire:

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