

Welcome to Dall'Inizio DaySchool - Please Tell Us About Your Infant/Toddler

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____



Physical Development

Does your child:

___ sit with support ___ sit unassisted ___ crawl forward/backward

___ stand ___ walk with assistance ___ walk unassisted

___ run ___ go up steps ___ go down steps

Sleeping Habits

My child usually naps ___ times/day

from: ___ to ___ from: ___ to ___

from: ___ to ___ from: ___ to ___

My child sleeps at night from ___ p.m. to ___ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes ___ No* ___

* If No, please explain.

Eating Habits

___ breast-fed

___ bottle-fed

Type of formula now in use: _____

___ eats table food ___ drinks from a bottle ___ holds own bottle

___ drinks from a cup ___ uses a pacifier ___ can feed self



Toilet Training - Toddlers

Child wears: diapers ____ all day ____ while sleeping only underpants ____ all day

Training process: bowel control _____ bladder control _____

Does your child ask to go to the bathroom?

What phrases/words do you use for urinating?

What phrases/words do you use for bowel movements?

If toilet training is in process, please describe routines/methods you use:

Play & Social Interaction

Has your child ever attended or been enrolled in:

____ a child care center at what age? ____

____ a family day care home at what age? ____

____ a babysitter's home at what age? ____

____ your home with a babysitter at what age? ____

____ a parent/child play group at what age? ____

____ other settings:

How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How often does your child need to be held during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: ____ strangers ____ new situations ____ animals

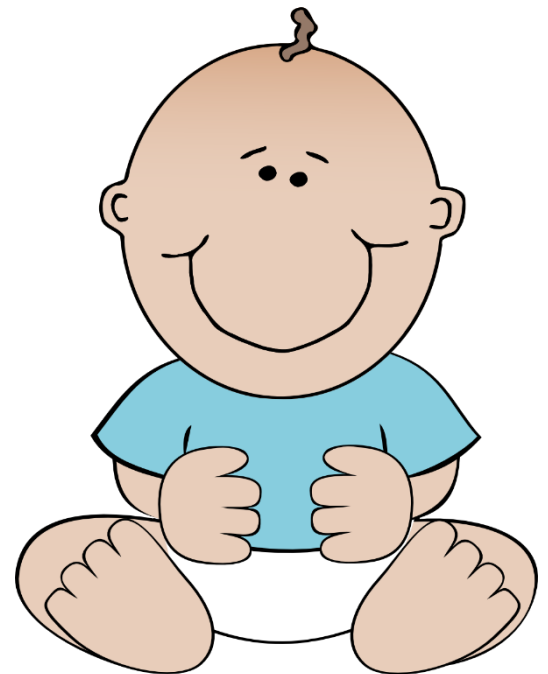
List any other fears:

What are your child's favorite toys and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

How do you and your family spend time together?



Special Medical Considerations

Please list any:

Parents Expectations

What are your goals and expectations for your child at Dall'Inizio DaySchool?

Do you have any special concerns or questions to which you would like to draw our attention?

