



Dependable Affordable Daycare  
and Learning Center

"Where your child's care is our top priority"

# QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*\*To help us know your child and meet his/her needs, please answer the following questions below.*

## FOOD

Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Describe Appetite: \_\_\_\_\_

Does child drink milk with meal? \_\_\_\_\_

Specify any special problems with eating: \_\_\_\_\_

## PLAY

Describe the play activities your child likes (indoor and outdoor) \_\_\_\_\_

## SLEEP

Does child take naps at home?  Yes  No If yes, how long are naps usually? \_\_\_\_\_

Does child have any problems with regard to taking naps? (bad dreams, etc.) \_\_\_\_\_

Does child require special toy or blanket to go to sleep? \_\_\_\_\_

## BATHROOM NEEDS

Is child completely potty trained?  Yes  No

Will your child know when he/she needs to go to the bathroom?  Yes  No

What word/s will he/she use when he needs to urinate? \_\_\_\_\_

What word/s will he/she use for defecation? \_\_\_\_\_

Does child have any problems with chronic constipation or diarrhea?  Yes  No

## BEHAVIOR

What does your child do to get his own way? \_\_\_\_\_

Does your child have temper tantrums?  Yes  No

Are there any other behavioral problems? (i.e. hitting, biting, etc.) \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

## PERSONALITY

Any particular fears? (i.e. storms, thunder, etc.) \_\_\_\_\_

What would you like your child to learn or experience at DAD? \_\_\_\_\_

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