



Dear Parents,

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

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 _____

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(breastmilk) bottle-fed(formula) *Type of formula now in use:* _____

How often does your child have a bottle/breast at home? _____

How many ounces does your child eat at each sitting? _____

eats table food (please circle all applicable times) Breakfast AM Snack Lunch PM Snack Dinner

eats baby food (please circle all applicable times) Breakfast AM Snack Lunch PM Snack Dinner

holds own bottle drinks from a cup uses a pacifier can feed self

PLAY & SOCIAL INTERACTION

How does your child adjust to new situations and activities? _____

Is your child afraid of: strangers new situations animals

List any other fears: _____

Your child's favorite toys and activities: _____

How does your child express anger? _____

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at Cubby Bear LLC?

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

Signature of Parent or legal guardian

Date