



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