

Date: _____

CHILD INFORMATION

Name: _____

Date of Birth _____ Female / Male

Child's name as you want him/her called at school _____

Does child have a nickname that is different from the above name? _____

Home Address Street: _____

City _____ State _____ Zip _____

Phone _____

Who is completing this parent questionnaire?

__ Mother __ Father __ Guardian __ Caregiver __ Other (specify) _____

FAMILY

MOTHER / GUARDIAN

Name _____

Home Address Street: _____

SAME AS _____
City _____ State _____ Zip _____
Phone _____ Occupation _____

FATHER / GUARDIAN

Name _____

Home Address Street: _____

SAME AS _____
City _____ State _____ Zip _____
Phone _____ Occupation _____

OTHER FAMILY INFORMATION

With whom has the child lived for most of the past year?

Mother Father Both Guardian Other (specify) _____

Provide a schedule if child lives with different parent at different residences.

Note: We must be provided a legal document of any custody or visitation restrictions.

Other children in the family (names and ages): _____

Other adults living in the household? _____

Child's Ethnic Origin (optional) _____
(Asian Amer., African Amer., Native Amer., Hispanic, Caucasian, etc.)

What language(s) are spoken at home? English Other _____

Other family situations we should be aware of: (separation, divorce etc.) _____

Does your child have a pet? _____ Name: _____

PRESCHOOL / CHILD CARE HISTORY

Has your child attended school / child care before? Yes No

If yes, for how long? _____

Name of child's present or most recent school / child care _____

HEALTH

Has your child ever had trouble seeing? _____

Has your child had frequent ear infections? _____

Has your child ever had trouble hearing? _____

Has your child ever had trouble walking, climbing, reaching, holding on to things? _____

Does your child have allergies? _____

Is your child on medication? If yes, please describe. _____

Other conditions we should be aware of: _____

CHILD'S DEVELOPMENT

Can your child –

- | | |
|---|--|
| wash and dry his/her own hands? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| help with dressing or dress with little assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| stay with a babysitter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| speak so that he/she can be understood by others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| express his/her thoughts and needs easily? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What age did your child say his/her first words? _____

Has your child been exposed to his/her written name? _____

Does your child know the letters in his/her name? _____

Is your child –

Highly active? _____

Very quiet? _____

What form of discipline is your child exposed to at home. _____

Does your child –

- | | |
|--|--|
| play with blocks, boxes or other constructions toys with help? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| use crayons, and or markers for scribble or draw? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| listen to stories being read? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| turn pages of a book and look at pictures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| recall stories or events? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| talk with your friends/relatives who come to visit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| follow simple, age-appropriate directions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What are your child's favorite activities?

Does your child have any fears?

What responsibilities does your child have at home?

How many hours a day does your child spend watching TV? _____

Has your child been exposed to the computer? _____

Is there anything else you would like to share with us about your child?

Throughout the year, we take photographs, videos, and audiotapes of the children as they work and play. These photos will be used in the Center and School. The Catholic Register and other media organizations may also come out to photograph the children in various school functioned activities. We need your permission for your child to take part. Photographs or likenesses will not be for commercial use. Please contact us if you have questions. Yes No

On occasion, children have soiling accidents (due to art projects, spilt liquids, potty accidents etc.) If your child does not have a change of clothes what procedures would you like us to take? Call you to come and change. Use clothing we have available.

On occasion, the children will take supervised short walks around the Notre Dame School and Church grounds including the religious education buildings across from the school on Zenobia Street. Does your child have permission to take part in these activities? Yes No

Please send in a picture of your child for our records

Parent / Guardian Signature _____ Date _____

All children attending Notre Dame Early Learning Center must have a yearly medical statement and a current immunization record on file before starting these must be kept current.