



**CROSSROADS EARLY LEARNING CENTER  
QUESTIONNAIRE**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Allergies:  Yes  No

Schedule:  M  T  W  Th  Fr

**MARKETING INFORMATION:**

**How did you find out about Crossroads?**

- Newspaper Name \_\_\_\_\_  Magazine Name \_\_\_\_\_
- Driving by  Yellow Pages  Yellow Book  Word of mouth  Googled
- Name of Mailer \_\_\_\_\_  Other Internet Means \_\_\_\_\_
- Other \_\_\_\_\_

**INFORMATION ABOUT YOUR FAMILY:**

Are parents:  together  separated  divorced  widowed?

Is there a court order? \_\_\_\_\_ Does the child have step-parents? \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ When? \_\_\_\_\_

**Other Children In Family:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Church Affiliation:**

Religious affiliation \_\_\_\_\_

Does your child attend church?  Yes  No Where? \_\_\_\_\_

Average monthly attendance? \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Pets and their Names \_\_\_\_\_

Favorite Toys \_\_\_\_\_

Favorite Play Activities \_\_\_\_\_

Describe your child's eating habits and food preferences \_\_\_\_\_

\_\_\_\_\_

Describe your child's sleep habits. How does he/she act when tired? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained?  Yes  No Comments? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any particular routines or special words about toileting? \_\_\_\_\_  
\_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_  
\_\_\_\_\_

How does your child react when you leave him/her? What do you find is the best thing to say or do at these times? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever attended a nursery, child care or family provider program? Where and for how long? \_\_\_\_\_  
\_\_\_\_\_

Why did you leave this program? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_  
\_\_\_\_\_

How is your child disciplined at home? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_

How does your child most easily adjust to new situations and experiences? \_\_\_\_\_  
\_\_\_\_\_

How does your child show he/she is unhappy, frightened, upset or in need of comforting? \_\_\_\_\_  
\_\_\_\_\_

How long do you think your child will stay with an activity, such as story time or block play, etc.? \_\_\_\_\_  
\_\_\_\_\_

Any other comments? \_\_\_\_\_  
\_\_\_\_\_